

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

- - -

CARMEN RILEY, Administrator: CIVIL ACTION
of the Estate for Tyrique : NO. 4:20-CV-00325
Riley, et al. :

Plaintiffs, :

V. :

BRIAN CLARK, Warden of :
Dauphin County Prison, et :
al. :

Defendants. :

- - -

Thursday, July 7, 2022

- - -

Oral deposition of GARRETT ROSAS, PSYD,
taken via Zoom Video Communications on the
above date, beginning at approximately 1:30
p.m., before Maria Rousakis, Professional
Court Reporter and Notary Public.

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GARRETT ROSAS, PSYD

2 (Pages 2 to 5)

<div>Page 2</div> <div>APPEARANCES: MINCEY FITZPATRICK ROSS, LLC BY: KEVIN V. MINCEY, ESQUIRE RILEY H. ROSS, ESQUIRE One Liberty Place 1650 Market Street Suite 3600 Philadelphia, Pennsylvania 19103 Counsel for Plaintiffs MARSHALL, DENNEHEY, WARNER, COLEMAN & GOGGIN BY: JOHN R. NINOSKY, ESQUIRE 100 Corporate Center Drive Suite 201 Camp Hill, Pennsylvania 17011 Counsel for Defendant, Prime Care and Ms. Betancourt LAVERY LAW BY: FRANK LAVERY, ESQUIRE 225 Market Street P.O. Box 1245 Harrisburg, Pennsylvania 17108 Counsel for Defendant, Lt. Greg Mendenhall MARSHALL DENNEHEY BY: ALISSA CARDENAS HARRISON, ESQUIRE 100 Corporate Drive Suite 201 Camp Hill, Pennsylvania 17011 Counsel for Defendant, Angela Swanson</div>	<div>Page 4</div> <div>INDEX TO TESTIMONY WITNESSPAGE GARRETT ROSAS, PSYD Examined By Mr. Mincey:5 --- (No exhibits were marked at this time.) ---</div>
<div>Page 3</div> <div>APPEARANCES: (Cont'd.) MacMAIN, CONNELL & LEINHAUSER BY: MATTHEW S. POLAHA, ESQUIRE 433 West Market Street Suite 200 West Chester, Pennsylvania 19382 Counsel for Susquehanna Defendants ---</div>	<div>Page 5</div> <div>1 (It was stipulated by and 2 between counsel for the 3 respective parties that reading, 4 signing, sealing, certification 5 and filing are not waived, and 6 that all objections, except as to 7 the form of the question, are 8 reserved to the time of trial.) 9 --- 10 GARRETT ROSAS, PSYD, 11 having been first duly sworn as a 12 witness, was examined and 13 testified as follows 14 --- 15 EXAMINATION 16 --- 17 BY MR. MINCEY: 18 Q. Good afternoon, Mr. Rosas. My 19 name is Kevin Mincey. I am an attorney 20 based in Philadelphia. My partner, 21 Riley Ross, is also with us. We 22 represent the Estate of Tyrique Riley 23 and his parents in a lawsuit that 24 involves Prime Care and a number of 25 other Defendants today.</div>

GARRETT ROSAS, PSYD

3 (Pages 6 to 9)

<p style="text-align: right;">Page 6</p> <p>1 You are here for a deposition. 2 Have you ever been deposed before? 3 A. I don't believe so. No, sir. 4 Q. Okay. I'm going to give you some 5 ground rules, and I'm sure Mr. Ninosky 6 has already gone over them with you a 7 little bit, so if they're repetitive, 8 just bear with me. 9 This is a question and answer 10 session. I am simply here trying to 11 gather information. I want you to give 12 me your best recollection of whatever I 13 ask you about. I don't want you to 14 guess, okay. There will be times when I 15 ask you to approximate maybe a length 16 time or a distance, or something like 17 that. Or if you're doing that in 18 answering the questions, I just want you 19 to let me know that. Okay? 20 A. (The witness nods.) 21 Q. All your responses need to be 22 verbal, and, so, this is a perfect 23 example of what we just did. I asked 24 you a question, and you nodded your 25 head. In normal life, that would be</p>	<p style="text-align: right;">Page 8</p> <p>1 To the best I can do that, I'll try to 2 do that. Sometimes I forget where I am, 3 and I might jump in front of you. But 4 I'll do my best not to do that. Do you 5 understand that? 6 A. Yes, sir. 7 Q. Okay. If you don't understand a 8 question that I ask you, let me know, 9 and I'll do my best to rephrase it. If 10 you answer a question that I ask you, 11 I'm going to assume that you understood 12 the question. Okay? 13 A. Yes. 14 Q. And this shouldn't be a real long 15 endeavor today, but to the extent you 16 need to take a break, go to the 17 restroom, talk to your lawyer, make a 18 phone call or whatever, let me know. We 19 can accommodate you. 20 My only request is that if there's 21 been a question asked, before you ask to 22 take the break, that you answer the 23 question before we take a break. Do you 24 understand? 25 A. Understood.</p>
<p style="text-align: right;">Page 7</p> <p>1 fine. I would understand everything 2 you're saying, but we have a court 3 reporter here who's transcribing the 4 entire event. 5 So, if you can give me all your 6 responses verbally, maybe a clear "yes" 7 or "no" if possible, but definitely no 8 "uh-uh" or "uh-huh" so that we can make 9 the record as clear as possible. Okay? 10 A. Yes, sir. Understood. 11 Q. And you don't have to call me, sir 12 but -- 13 A. Habit. 14 (Laughter.) 15 BY MR. MINCEY: 16 Q. There's going to be times where 17 you're going to anticipate what I'm 18 about to say or ask you, and I can 19 probably do the same for you in your 20 answering. But in order to get the 21 cleanest record, I'm going to ask you 22 not to do that. 23 Let me get my question out, and I, 24 in turn, will let you get your answer 25 out before I ask you the next question.</p>	<p style="text-align: right;">Page 9</p> <p>1 Q. Okay. Have you taken any 2 medication this morning that would 3 influence your ability to be able to 4 hear, understand and give truthful 5 answers to my questions? 6 A. No. 7 Q. You understand that the oath that 8 you just took a couple of minutes ago 9 was the same oath you might take in a 10 courtroom in front of a judge or a jury? 11 Do you understand that? 12 A. Yes. 13 Q. At this point in time, is there any 14 reason that you are not prepared to go 15 forward with your deposition? 16 A. No. 17 Q. Okay. In advance or in preparation 18 for your deposition today, did you 19 review any documents? 20 A. Today, sir? 21 Q. Or any day in advance of your 22 deposition today, did you review any 23 documents to get ready? 24 A. Yes. 25 Q. What did you look at?</p>

GARRETT ROSAS, PSYD

4 (Pages 10 to 13)

<p style="text-align: right;">Page 10</p> <p>1 A. I looked at past progress notes 2 from the timeframe in question. 3 Q. Okay. I'm going to start with some 4 background stuff for you. Can you give 5 me your full name? 6 A. Garrett. Middle name is Lee, 7 L-e-e. Last name Rosas, R-o-s-a-s. 8 Q. What's your date of birth, Mr. 9 Rosas? 10 A. 12/6, 1976. December 6th of 1976. 11 Q. And I'm assuming you graduated from 12 high school? 13 A. Yes, sir. 14 Q. And where was that? 15 A. Eastmont High School, and that's 16 located in East Wenatchee, Washington. 17 Do you need the spelling of Wenatchee? 18 Q. The court reporter might. 19 A. W-e-n-a-t-c-h-e-e, in Washington. 20 Q. What year was that? 21 A. That was 1995. 22 Q. And after you graduated from high 23 school, did you go to college? 24 A. Yes, sir. 25 Q. And what college did you go to?</p>	<p style="text-align: right;">Page 12</p> <p>1 Q. And when did you graduate from 2 Wrights State? 3 A. My formal graduation date was in 4 2004. 5 Q. Okay. And the degree you got from 6 Wright State was? 7 A. A Doctor of Psychology. 8 Q. Okay. So, this whole time I've 9 been calling you "Mr.," I'm supposed to 10 be calling you "Dr.," right? 11 A. That's quite all right. 12 Q. All right, Dr. Rosas. I got you 13 from here. 14 MR. MINCEY: John, are you 15 going lodge the same objection 16 about the address and stuff? 17 MR. NINOSKY: Yes. If for 18 some reason I can't produce him, 19 I'll give you the last known 20 address at that time. 21 MR. MINCEY: Great. 22 BY MR. MINCEY: 23 Q. Dr. Rosas, does anybody live with 24 you? 25 A. Yes, sir.</p>
<p style="text-align: right;">Page 11</p> <p>1 A. Western Washington University. And 2 that's located in Bellingham, 3 B-e-l-l-i-n-g-h-a-m, and that's also in 4 the state of Washington. 5 Q. What year did you enroll in Western 6 Washington? 7 A. 1995 was the year of my enrollment. 8 Q. And what year did you graduate? 9 A. 1999. 10 Q. What kind of degree did you 11 graduate with? 12 A. I received a Bachelor of Arts in 13 psychology. 14 Q. Did you pursue any other education 15 after college? 16 A. Yes, sir. 17 Q. Where was that? 18 A. I enrolled in a doctoral program 19 Wright State University, and that's 20 W-r-i-g-h-t. 21 Q. When did you enroll in Wright 22 State? 23 A. 1999. So I matriculated from my 24 undergraduate program into my graduate 25 program.</p>	<p style="text-align: right;">Page 13</p> <p>1 Q. Who lives with you? 2 A. My spouse and my seven-year old 3 child. 4 Q. And how long have you been 5 married? 6 A. Oh. That's a good question here. 7 MR. NINOSKY: I might 8 instruct him not to answer if his 9 wife is going to say the 10 transcript. 11 (Laughter.) 12 THE DOCTOR: Approximately 13 five years. Can I say that? 14 BY MR. MINCEY: 15 Q. Yeah. That's close. 16 A. Hold on a second. May I correct 17 the record? 18 Q. Go ahead. 19 A. I have a seven-year-old, and, so, 20 she was pregnant when we got married, 21 so... 22 Q. TMI. 23 A. So, I think it's closer to six than 24 seven at this point. 25 Q. Okay. Have you ever been arrested</p>

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5 (Pages 14 to 17)

<p style="text-align: right;">Page 14</p> <p>1 before?</p> <p>2 A. No, sir.</p> <p>3 Q. Have you ever been involved in a</p> <p>4 lawsuit before?</p> <p>5 A. No, sir.</p> <p>6 Q. What do you do for a living?</p> <p>7 A. I am a licensed psychologist in the</p> <p>8 Commonwealth of Pennsylvania.</p> <p>9 Q. Do you work for yourself, or do you</p> <p>10 work for some institute?</p> <p>11 A. I am employed by Prime Care Medical</p> <p>12 as a psychologist.</p> <p>13 Q. How long have you worked for Prime</p> <p>14 Care?</p> <p>15 A. I began working with Prime Care in</p> <p>16 2019.</p> <p>17 Q. Did you work anywhere else as a</p> <p>18 psychologist before you worked for Prime</p> <p>19 Care?</p> <p>20 A. Yes, sir.</p> <p>21 Q. Where did you work?</p> <p>22 A. In reverse order from the time</p> <p>23 prior to Prime Care?</p> <p>24 Q. Whichever is easier for you.</p> <p>25 A. Prior to Prime Care, I worked at --</p>	<p style="text-align: right;">Page 16</p> <p>1 ACTS?</p> <p>2 A. I was Clinical Director.</p> <p>3 Q. And what were your duties when you</p> <p>4 were a Clinical Director?</p> <p>5 A. Administrative and clinical</p> <p>6 oversight as well as direct therapeutic</p> <p>7 care, direct service.</p> <p>8 Q. I forgot to ask you about your</p> <p>9 duties when you were a psychologist</p> <p>10 assessor.</p> <p>11 A. I did Social Security and</p> <p>12 disability evaluations for the purposes</p> <p>13 of compensation.</p> <p>14 Q. Okay. And before you worked at</p> <p>15 ACTS, where did you work?</p> <p>16 A. The Commonwealth of Pennsylvania.</p> <p>17 Q. Okay. And what did you do for the</p> <p>18 Commonwealth?</p> <p>19 A. I was a psychologist consultant.</p> <p>20 Q. And when was that?</p> <p>21 A. I'm going to approximate the dates</p> <p>22 of tenure. I worked there beginning in --</p> <p>23 I worked there approximately seven years</p> <p>24 prior to this, so 2011 to 2018.</p> <p>25 Q. Okay. And what were your duties as</p>
<p style="text-align: right;">Page 15</p> <p>1 the abbreviation IMA, but I do believe</p> <p>2 it stood for Industrial Medical</p> <p>3 Associates. They're located in</p> <p>4 Mechanicsburg, Pennsylvania, and I was</p> <p>5 employed as a Psychologist Assessor. I</p> <p>6 forget what the formal title was.</p> <p>7 Q. And when did you work there?</p> <p>8 A. I worked there briefly. 2019 I</p> <p>9 began and ended my terms of employment</p> <p>10 with them. I can't recall the exact</p> <p>11 start date.</p> <p>12 Q. Okay. And before you worked at</p> <p>13 IMA, where did you work?</p> <p>14 A. I worked as a psychologist for a</p> <p>15 group, a private practice, in Lancaster,</p> <p>16 Pennsylvania. The practice was</p> <p>17 abbreviated ACTS, A-C-T-S, and it stood</p> <p>18 for Advanced Counseling and Testing</p> <p>19 Solutions.</p> <p>20 Q. And how long did you work at ACTS?</p> <p>21 A. I worked at ACTS approximately</p> <p>22 six months.</p> <p>23 Q. Okay. And what year?</p> <p>24 A. 2018.</p> <p>25 Q. Okay. And what was your role at</p>	<p style="text-align: right;">Page 17</p> <p>1 a psych consultant?</p> <p>2 A. I was involved in regulatory and</p> <p>3 policy development as well as</p> <p>4 Commonwealth-wide programatic oversight</p> <p>5 for the children's behavioral health</p> <p>6 services Commonwealth-wide. And that</p> <p>7 included all Medicaid to publicly funded</p> <p>8 behavioral health services for children</p> <p>9 ages 18 to birth.</p> <p>10 Q. And before you worked for the</p> <p>11 Commonwealth of Pennsylvania, where did</p> <p>12 you work?</p> <p>13 A. I worked for a private practice,</p> <p>14 Pennsylvania Counseling Services.</p> <p>15 Q. Where is that?</p> <p>16 A. They have a multiclinic location.</p> <p>17 They're headquartered out of Lebanon,</p> <p>18 Pennsylvania, but I predominantly worked</p> <p>19 out of an Adams County location. I</p> <p>20 worked out of a variety of locations,</p> <p>21 but that was the one I was at most</p> <p>22 often.</p> <p>23 Q. And what was your job at PA</p> <p>24 Counseling Services?</p> <p>25 A. I was initially was employed as a</p>

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<p style="text-align: right;">Page 18</p> <p>1 therapist due to the fact that at the 2 time, I was not yet licensed in the 3 Commonwealth. 4 Q. And how long did you work for 5 them? 6 A. I worked for them until 2011. 7 Q. You said -- when did you start 8 working there? 9 A. I started in 2008. 10 Q. Okay. You said you finished in 11 2011? 12 A. Correct. I'm -- I'm sorry, sir. 13 Q. I'm sorry. I didn't mean to cut 14 off your answer. 15 A. I was clarifying the fact that I 16 was initially employed as a therapist, 17 and after becoming licensed in 2009, my 18 job title then became Licensed 19 Psychologist. 20 Q. Were you licensed in another state 21 before you were licensed in 22 Pennsylvania? 23 A. No, sir. 24 Q. And where did you work before you 25 worked for PA Counseling Services?</p>	<p style="text-align: right;">Page 20</p> <p>1 A. No, sir. 2 Q. Did you do any type of work between 3 2004 and 2008? 4 A. I may have been incorrect for my 5 start date for Pennsylvania Counseling. 6 That was my first professional 7 employment. 8 Q. Okay. 9 A. There was a period of time where I 10 was searching for a job and that type of 11 stuff that would account for any break 12 between the graduation date of my 13 program and starting with Pennsylvania 14 Counseling Services. 15 Q. So, you think you started at 16 Pennsylvania Counseling Services before 17 2008? 18 A. One of the reasons I'm confused is 19 I did my predoctoral internship also at 20 Pennsylvania Counseling Services. I 21 then was still in the process of 22 finishing my dissertation. I had then 23 done a postdoctoral fellowship for 24 Seattle Children's Hospital in Seattle, 25 Washington, and then eventually I ended</p>
<p style="text-align: right;">Page 19</p> <p>1 A. In a professional capacity? 2 Q. I'm not sure how to answer that. I 3 will say yes, in a professional 4 capacity. 5 A. I would list the Pennsylvania 6 Counseling Services role as my first 7 paid professional role outside of an 8 education program. 9 Q. Okay. Did you do any volunteer 10 work or pro bono work before you 11 started working with PA Counseling 12 Services? 13 A. Yes, but within the scope of my 14 education program, my doctoral program 15 prior to that. So, I held other various 16 roles throughout my doctoral program as 17 part of my training regimen. 18 Q. And you graduated in 2004 from 19 Wrights State for your doctoral program, 20 right? 21 A. Yes, sir. 22 Q. Did you do any type of therapy or 23 counseling work or anything associated 24 with your professional degree from 2004 25 until 2008?</p>	<p style="text-align: right;">Page 21</p> <p>1 up being employed with Pennsylvania 2 Counseling sometime thereafter. 3 I moved to Minnesota briefly and 4 attempted to begin working for the Mayo 5 Clinic. It was not an advantageous 6 situation for me. The location in 7 Minnesota wasn't for me either, and I 8 found alternative employment 9 opportunities with Pennsylvania 10 Counseling. So, I relocated from 11 Minnesota and never worked there, never 12 been formally employed by the Mayo 13 Clinic. And I came to Pennsylvania and 14 began working for Pennsylvania 15 Counseling. 16 Q. Thank you for that. 17 In your work at Prime Care, have 18 you ever worked in any other prisons 19 other than Dauphin County Prison? 20 A. When I was initially employed, I 21 did a brief training stint at another 22 facility, but, no, I have never worked 23 at any other facility. 24 Q. And where did you do your training 25 at?</p>

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7 (Pages 22 to 25)

Page 22	Page 24
<p>1 A. Franklin County Prison. 2 Q. And when was that? 3 A. Within the first two weeks of 4 employment. I don't have that exact 5 date. I can find that for you. 6 Q. Okay. And when you were training 7 at Franklin County Prison, what was that 8 training like? 9 A. It was a review of the policies and 10 procedures pertaining to the work 11 involved of a psychologist in a 12 corrections setting. 13 Q. And did that involve -- was that 14 like a classroom setting? Is that 15 handouts? How is that information -- 16 A. It's a hands-on expediential 17 walkthrough with already established 18 professionals and the administrative 19 oversight there at that facility. 20 Q. And after your training at Franklin 21 County, then you were assigned to 22 Dauphin County? 23 A. Yes, sir. I said training. I 24 think it's listed as a training. It's 25 an orientation, heavy, if you will, more</p>	<p>1 places of employment, have you ever been 2 disciplined? 3 A. No. 4 Q. Professionally? 5 A. No. 6 Q. Any complaints ever filed against 7 you? 8 A. Not to my awareness. 9 Q. I'm taking you back to June 18th, 10 2019. Were you working at Dauphin 11 county Prison that day? 12 A. I presume so. Without looking at a 13 calender, I presume so. 14 Q. Would there have been any other 15 place that you would be working -- 16 A. No, sir. 17 Q. -- in 2019? 18 A. No, sir. 19 Q. And do you recall what your shift 20 was? Did you work in shifts? 21 A. I worked, if you will, first shift 22 only. The hours are somewhat arbitrary 23 as far as the exact start time, but I am 24 salaried. And I do put in my minimum -- 25 my allocated hours for the day. I</p>
Page 23	Page 25
<p>1 so than like a clinical formal training 2 aspect, but I think it's referred to as 3 training. 4 Q. And I may have already asked you 5 this. Your formal title at Prime Care 6 is what? 7 A. Psychologist. 8 Q. Okay. And have you held any other 9 titles while you worked for Prime Care? 10 A. No. 11 Q. Have you received any other types 12 of certifications or any type of skills 13 since you graduated from Wrights State 14 in 2004? 15 A. I hold no other formal 16 certification by way of credentialing. 17 No, sir. 18 Q. Okay. Have you ever received any 19 discipline in your time as a 20 psychologist for Prime Care? 21 A. No. 22 Q. Have you ever had any complaints 23 filed against you? 24 A. No. 25 Q. What about -- any of your other</p>	<p>1 generally begin 6:00 a.m., 7:00 a.m. 2 depending on the time of day -- the day 3 of the week. I'm sorry. 4 Q. And in your role as a psychologist 5 for Prime Care, do you evaluate inmates 6 for potential mental health issues? 7 A. Yes, sir. 8 Q. What other things do you do as a 9 psychologist for Prime Care? 10 A. I'm also responsible for assessing 11 other potential risk scenarios such as 12 the presence of suicidality, as you 13 mentioned, assessing for the presence of 14 mental illness, and also providing 15 direct care and treatment to individuals 16 who may have treatable mental health 17 conditions that I'm able to see and 18 provide direct care for. 19 Q. Are there policies at Prime Care 20 that govern how you are to react when 21 you come across an inmate that you deem 22 to be untreatable? 23 MR. NINOSKY: Object to the 24 form. 25 You can answer if you</p>

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<p style="text-align: right;">Page 26</p> <p>1 understand.</p> <p>2 THE DOCTOR: I'm sorry. I</p> <p>3 don't understand the nature of</p> <p>4 the question, sir.</p> <p>5 BY MR. MINCEY:</p> <p>6 Q. In your last answer, you said that</p> <p>7 you provide care and treatment to</p> <p>8 individuals who are treatable, I think</p> <p>9 is what you used, and, so, my question</p> <p>10 was, is there some type of policy that</p> <p>11 exists that directs how you respond when</p> <p>12 you come across an inmate that, in your</p> <p>13 evaluation, is not treatable at the</p> <p>14 prison?</p> <p>15 MR. NINOSKY: Object to the</p> <p>16 form.</p> <p>17 But you can answer.</p> <p>18 THE DOCTOR: Yes. I</p> <p>19 apologize, sir. The question is</p> <p>20 still difficult to answer. When</p> <p>21 you say come across or is there a</p> <p>22 policy that directs me how to</p> <p>23 respond, I think that's -- I'm</p> <p>24 hanging up on the respond piece.</p> <p>25 BY MR. MINCEY:</p>	<p style="text-align: right;">Page 28</p> <p>1 form.</p> <p>2 You can answer.</p> <p>3 THE DOCTOR: There are</p> <p>4 policies that pertain to the work</p> <p>5 that I'm involved with and</p> <p>6 provide guidance specifically to</p> <p>7 staff, not necessarily specific</p> <p>8 to psychologists.</p> <p>9 BY MR. MINCEY:</p> <p>10 Q. Okay. And are those policies in</p> <p>11 writing?</p> <p>12 A. The ones I'm referring to, yes.</p> <p>13 Q. And are they in a particular</p> <p>14 location?</p> <p>15 A. Yes. They are present and</p> <p>16 accessible to all staff on the unit.</p> <p>17 Q. And where are they kept?</p> <p>18 A. They're kept specifically outside</p> <p>19 the HSA, which stands for Health Service</p> <p>20 Administrative. That's the designated</p> <p>21 position within our department that is</p> <p>22 responsible for the administrative</p> <p>23 oversight and operations of the medical</p> <p>24 unit. That's my understanding.</p> <p>25 Q. And are those policies kept in like</p>
<p style="text-align: right;">Page 27</p> <p>1 Q. Is there a policy that exists that</p> <p>2 provides rules or certain instructions</p> <p>3 for what you're supposed to do when a</p> <p>4 certain situation arises?</p> <p>5 A. There are existing policies, yes.</p> <p>6 Q. And what is the policy for when you</p> <p>7 encounter an inmate that you deem is not</p> <p>8 able to be treated at the prison?</p> <p>9 MR. NINOSKY: Object to the</p> <p>10 form.</p> <p>11 But you can answer.</p> <p>12 THE DOCTOR: I'm not aware</p> <p>13 of a direct policy statement that</p> <p>14 could provide guidance in the</p> <p>15 scenario that you described. It</p> <p>16 may exist, the policy. I'm not</p> <p>17 familiar without looking at the</p> <p>18 policy at this point.</p> <p>19 BY MR. MINCEY:</p> <p>20 Q. Understood.</p> <p>21 As a psychologist at Prime Care, is</p> <p>22 there a certain set of policies and</p> <p>23 procedures that you are required to</p> <p>24 follow?</p> <p>25 MR. NINOSKY: Object to the</p>	<p style="text-align: right;">Page 29</p> <p>1 a binder or something?</p> <p>2 A. Yes, sir. They are both kept in a</p> <p>3 paper-based form in a binder, again, an</p> <p>4 unlocked location, available to staff.</p> <p>5 They're also located in digital form and</p> <p>6 can be accessed online.</p> <p>7 Q. And the idea is if you encounter a</p> <p>8 situation where you don't know exactly</p> <p>9 what to do, you can go to the binder and</p> <p>10 see if the policies apply to your</p> <p>11 situation?</p> <p>12 A. That would be one way to go about a</p> <p>13 situation, yes.</p> <p>14 Q. And what would be another way?</p> <p>15 A. Through professional consultation.</p> <p>16 Q. In your case, would that be with</p> <p>17 other psychologists?</p> <p>18 A. So, we have one other licensed</p> <p>19 psychologist. It could also be a</p> <p>20 psychiatrist or a psychiatric nurse</p> <p>21 practitioner who is also licensed who I</p> <p>22 work hand in hand and side by side</p> <p>23 with.</p> <p>24 Just to clarify, too, it could</p> <p>25 also be the physicians. We have</p>

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9 (Pages 30 to 33)

<p style="text-align: right;">Page 30</p> <p>1 physicians who are also employed and 2 present on the unit. So, depending on 3 the nature of the concern, whether it be 4 a physical health or behavioral health 5 concern, that might dictate the 6 consultation I would seek in that 7 regard. 8 Q. Is there a particular policy that 9 exists that determines when you should 10 refer an inmate for medical treatment at 11 a hospital versus staying at the jail? 12 MR. NINOSKY: Object to the 13 form. 14 But you can answer. 15 THE DOCTOR: I do believe 16 there exists a policy that 17 defines what to do in those 18 scenarios. 19 BY MR. MINCEY: 20 Q. And do you know what that is? 21 A. Do I know specifically what the 22 policy is or the statement? 23 Q. Yes. 24 A. Not without refreshing my 25 recollection exactly where it's at and</p>	<p style="text-align: right;">Page 32</p> <p>1 from the prison to the hospital? 2 A. I'm uncertain if I specifically 3 have the authority. I have the 4 abilities to engage staff and highly 5 recommend it. 6 Q. And has that ever happened? 7 A. Me specifically, no. 8 Q. Do you recall when you first came 9 into contact with Tyrique Riley? 10 A. Yes, sir. 11 Q. Okay. Can you tell us what date 12 that was? 13 A. The date of my first progress 14 note. Specifically without looking at 15 that -- 16 Q. No worries. That wasn't a trick 17 question. I just asked. I have it in 18 front of me. 19 A. Okay. 20 Q. Okay. 21 MR. NINOSKY: Again, I'm 22 just going to slide over the 23 chart beside him so it's 24 available. Is that okay with 25 you?</p>
<p style="text-align: right;">Page 31</p> <p>1 what it says. There is a policy that 2 isn't specific to necessarily any one 3 situation, but what you mentioned about 4 cases were there is a lack of -- without 5 knowing what to do with a particular 6 scenario, if somebody's physical health 7 or the signs that they are not doing 8 well fall below some type of threshold, 9 there are indicators that suggest that 10 more invasive action should be taken in 11 those scenarios. 12 Q. And did you ever have a situation 13 arise where you recommended that an 14 inmate receive treatment in a formal 15 hospital setting versus remaining at the 16 jail? 17 A. Can you clarify what you intend 18 when you say "recommend?" 19 Q. Well, I used the word "recommend" 20 because I don't know if you have the 21 authority to just say this person needs 22 to be treated, I'm sending him to the 23 hospital. Or does that need to go up 24 some type of bureaucratic chain and get 25 approved before a person is transferred</p>	<p style="text-align: right;">Page 33</p> <p>1 MR. MINCEY: No problem. 2 I'm going to start on 84, PCM84. 3 MR. NINOSKY: I presume you 4 meant the 18th, sir? I just 5 wanted to make sure. 6 MR. MINCEY: Yes, the 18th. 7 BY MR. MINCEY: 8 Q. The bottom of 83 and onto Page 84, 9 Dr. Rosas, do you recognize this that's 10 on my screen? 11 A. Yes. Yes, sir. 12 Q. Can you describe what this is for 13 us? 14 A. This is electronic charting through 15 our EMR, electronic medical records, for 16 the date and entry on 6/18, 2019. They 17 call it a SOAP format, Subjective, 18 Objective -- the SOAP aspect of it 19 pertains to the domains involved, so 20 the Subjective, Objective, Assessment, 21 Plan. 22 Q. Got it. 23 Okay. And, so, are these words 24 that are typed here -- under Subjective, 25 Objective, these are your words?</p>

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10 (Pages 34 to 37)

<p style="text-align: right;">Page 34</p> <p>1 A. Yes, sir.</p> <p>2 Q. Okay. You generated this report</p> <p>3 after your first meeting with Mr.</p> <p>4 Riley?</p> <p>5 A. Yes.</p> <p>6 Q. Okay. And your note says, "New</p> <p>7 intake. Met him at cell side." Is it</p> <p>8 traditional for you to meet inmates for</p> <p>9 the first time at cell side?</p> <p>10 A. Not in the traditional sense, no.</p> <p>11 That's not preferred.</p> <p>12 Q. What's the preferred?</p> <p>13 A. The preferred method is to have</p> <p>14 them ambulate down to our medical</p> <p>15 department for an in-person assessment.</p> <p>16 Q. Okay. Is there a reason why that</p> <p>17 wasn't done here?</p> <p>18 A. There could be a number of reasons</p> <p>19 why an individual is not seen in the</p> <p>20 medical department including the point</p> <p>21 of first contact. Without going back</p> <p>22 and being there in that moment of time,</p> <p>23 I can't say specifically what reason</p> <p>24 existed on that day.</p> <p>25 Q. And later on in your note, it says</p>	<p style="text-align: right;">Page 36</p> <p>1 Q. And what are some of the things</p> <p>2 that you review prior to starting your</p> <p>3 rounds, so to speak?</p> <p>4 A. Depending on the available</p> <p>5 documents and information provided, it</p> <p>6 could be other professionals' entries</p> <p>7 into the medical charting. It could be</p> <p>8 scanned and saved documents that are</p> <p>9 collected through the intake process or</p> <p>10 even a request for previous treatment</p> <p>11 records that we routinely gather from</p> <p>12 individuals where present.</p> <p>13 And then we request those records</p> <p>14 be sent to our facility, and then we</p> <p>15 gain and store those to assist us with</p> <p>16 patient care.</p> <p>17 Q. And this highlighted portion, the</p> <p>18 phrase "uncooperative behavior" in</p> <p>19 quotation marks, did you add those</p> <p>20 quotation marks?</p> <p>21 A. Yes, sir.</p> <p>22 Q. Is that because someone else used</p> <p>23 the phrase "uncooperative behavior" to</p> <p>24 you?</p> <p>25 A. So, that describes a scenario when</p>
<p style="text-align: right;">Page 35</p> <p>1 that "He," being Mr. Riley, "was</p> <p>2 prevented from being seen in medical</p> <p>3 this morning due to uncooperative</p> <p>4 behavior." Do you see that?</p> <p>5 A. Yes, sir.</p> <p>6 Q. Is that something that you</p> <p>7 observed, or was that something that was</p> <p>8 told to you?</p> <p>9 A. That was something I believe was</p> <p>10 told to me. It was not something I</p> <p>11 observed. I wrote that with the</p> <p>12 understanding that it was told to me.</p> <p>13 Q. And because of your background, do</p> <p>14 you almost treat it like when a doctor</p> <p>15 comes on to the floor; do you review</p> <p>16 kind of like the medical notes for all</p> <p>17 of the people that you may see on that</p> <p>18 shift and then start your shift? Or are</p> <p>19 you going person to person and learning</p> <p>20 about them individually?</p> <p>21 A. I generally try to get some</p> <p>22 background information before I engage</p> <p>23 somebody I have no other dealings with.</p> <p>24 That's not always possible, but that is</p> <p>25 something I attempt to do.</p>	<p style="text-align: right;">Page 37</p> <p>1 a request for a patient is made to be</p> <p>2 brought to the medical department or to</p> <p>3 have them come down to the medical</p> <p>4 department depending on their ability to</p> <p>5 do so. There's security reasons why an</p> <p>6 individual might not be able to be</p> <p>7 brought down unaccompanied. If they're</p> <p>8 not doing well physically or have some</p> <p>9 difficulty ambulating under their own</p> <p>10 power, sometimes that presents some</p> <p>11 difficulty.</p> <p>12 But the process is, I make a</p> <p>13 request for an inmate through a member</p> <p>14 of the custody or security staff who are</p> <p>15 always present when patients are in the</p> <p>16 medical department, so the request is</p> <p>17 made to a member of Dauphin County</p> <p>18 Prison's custody staff. They contact</p> <p>19 the unit wherever a patient is residing</p> <p>20 at that time, and they speak with other</p> <p>21 members of the custody staff on the</p> <p>22 housing unit to make the request for a</p> <p>23 particular inmate.</p> <p>24 Q. But the term "uncooperative</p> <p>25 behavior" is not like some term of art</p>

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11 (Pages 38 to 41)

<p style="text-align: right;">Page 38</p> <p>1 that --</p> <p>2 A. That is the feedback I get as to</p> <p>3 the reason why I am not going to be able</p> <p>4 to see a particular person, and for that</p> <p>5 individual on that day, I put it in</p> <p>6 quotation marks because that was the</p> <p>7 feedback I received from a member of the</p> <p>8 custody staff at that time.</p> <p>9 Q. Did you ask for any information to</p> <p>10 clarify what uncooperative behavior</p> <p>11 meant?</p> <p>12 A. No, sir. I don't believe so.</p> <p>13 Q. Can you describe to me what you</p> <p>14 observed the first time you met Mr.</p> <p>15 Riley?</p> <p>16 A. May I review the note?</p> <p>17 Q. If you need to. First I'd like for</p> <p>18 you to give me your impressions of what</p> <p>19 you remember, but if you need to refer</p> <p>20 to your notes, then just --</p> <p>21 A. I was relatively new in the</p> <p>22 position at the time. I just began</p> <p>23 working at Prime Care in May of that</p> <p>24 year, so it's several weeks prior to</p> <p>25 first encountering Mr. Riley. So,</p>	<p style="text-align: right;">Page 40</p> <p>1 utterances, if you will. It was garbled</p> <p>2 not because I couldn't hear it, but</p> <p>3 because he was not articulating what he</p> <p>4 was trying to communicate.</p> <p>5 Q. Of the words you could understand,</p> <p>6 do you recall what those were?</p> <p>7 A. Not specifically other than what I</p> <p>8 have documented.</p> <p>9 Q. Were you asking him questions?</p> <p>10 A. I presume. I --</p> <p>11 Q. What is your normal -- I'm sorry.</p> <p>12 Go ahead.</p> <p>13 A. I'm sorry for cutting you off, sir.</p> <p>14 I was going to clarify that response and</p> <p>15 say my normal routine would be to either</p> <p>16 directly or indirectly be gathering</p> <p>17 information and data, especially if it's</p> <p>18 a new individual who I have no</p> <p>19 familiarity with.</p> <p>20 So, it's a form of an assessment,</p> <p>21 if you will, but it gets carried out</p> <p>22 through the form of, you know, a back</p> <p>23 and forth conversation, sometimes direct</p> <p>24 questions and answers. Sometimes I let</p> <p>25 it go freeform and then let them just</p>
<p style="text-align: right;">Page 39</p> <p>1 although I'd feel quite confident in my</p> <p>2 clinical abilities and the profession</p> <p>3 that I practice, that being said, the</p> <p>4 process of engaging individuals in a</p> <p>5 corrections setting was all knew to me</p> <p>6 and was new to me at that time.</p> <p>7 And my recollection of Mr. Riley</p> <p>8 at the first meeting was at his cell</p> <p>9 door. It was difficult to hear a good</p> <p>10 amount of the conversation for two</p> <p>11 reasons. One is the ambient</p> <p>12 environmental noise. The other was Mr.</p> <p>13 Riley's presentation.</p> <p>14 Q. What do you mean by "Mr. Riley's</p> <p>15 presentation?"</p> <p>16 A. It was difficult -- I recall it</p> <p>17 being difficult to communicate with him.</p> <p>18 Part of the communication was</p> <p>19 comprehensible and understood, and then</p> <p>20 there were other aspects that either I</p> <p>21 couldn't make out clearly.</p> <p>22 Or even when I did hear him, it</p> <p>23 was -- there were some nonsensical</p> <p>24 things being said. Some of them were --</p> <p>25 words were involved. Some of them were</p>	<p style="text-align: right;">Page 41</p> <p>1 sort of provide me some type of</p> <p>2 response. It gives me a lot of</p> <p>3 information regardless.</p> <p>4 Q. Do you recall which questions you</p> <p>5 asked that prompted what you call</p> <p>6 nonsensical words or utterances?</p> <p>7 A. Not particularly, no.</p> <p>8 Q. Do you recall what questions you</p> <p>9 asked that he was able to answer?</p> <p>10 A. Directly about suicidality. I</p> <p>11 think that's where I had most concerns.</p> <p>12 Q. It looks like a little bit further</p> <p>13 down in this note, it says, "When asked</p> <p>14 directly about whether he had any</p> <p>15 thoughts of suicide, harming self or</p> <p>16 others, he replied no." Is that what</p> <p>17 you're talking about?</p> <p>18 A. Yes, sir.</p> <p>19 Q. Okay. How much time did you spend</p> <p>20 with Mr. Riley at your first meeting</p> <p>21 with him?</p> <p>22 A. I don't recall.</p> <p>23 Q. What's the typical amount of time</p> <p>24 that you would spend with somebody while</p> <p>25 making these types of rounds?</p>

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12 (Pages 42 to 45)

<p style="text-align: right;">Page 42</p> <p>1 MR. NINOSKY: Object to the 2 form. 3 But you can answer. 4 THE DOCTOR: That would be 5 difficult to answer due to the 6 variety of different 7 circumstances I engage 8 individuals with. I think it's 9 situationally specific. There's 10 a lot of different scenarios that 11 I'm involved with, so depending 12 on the location of the housing 13 and the opportunity provided, 14 that might dictate the amount of 15 time. 16 BY MR. MINCEY: 17 Q. In the section labeled "Objective," 18 you described -- you wrote "Depressed 19 mood with flat or blunting affect, 20 insight and judgement impaired, 21 moderately distressed by observation." 22 Are those your words? 23 A. Yes. 24 Q. What was it that you observed that 25 made you write these words?</p>	<p style="text-align: right;">Page 44</p> <p>1 living at the moment. 2 Sometimes it's about a modesty 3 thing, too. I don't want to kind of 4 intrude on somebody who may be undressed 5 or using the bathroom of sorts, so you 6 tread somewhat lightly when you come up 7 to a cell door. And before I start 8 sticking my face in there, I try to see 9 if I can observe any aspect of an 10 individual prior to alerting them to my 11 presence. 12 Q. When you say that he was moderately 13 distressed, what does that mean? 14 A. So, going back in the rolodex of 15 events in my mind here, the distress 16 piece as I recall referred to Mr. Riley 17 looked somewhat askew or disheveled, and 18 instead of noting disheveled, I think I 19 interpreted visually sort of the tone of 20 our engagement of some distress 21 involved. It wasn't clear whether that 22 was situational because he was 23 incarcerated. 24 Previously I told you, you know, it 25 was unclear if he was saying everything</p>
<p style="text-align: right;">Page 43</p> <p>1 A. A blunting of affect refers to what 2 appears to be a more restricted range of 3 emotional response. It was sort of 4 generic, bland and withdrawn of sorts. 5 And, again, given the environmental 6 factors and the ability to engage 7 somebody in that environment, it's a lot 8 of -- you know, it's a lot of 9 observation and surmising some aspects 10 of this without having a better 11 opportunity to engage them. So, when 12 writing up something in the Objective 13 section like that, it's in that moment 14 of time that's kind of what I observe 15 in, you know, providing some attribution 16 potentially where appropriate to some of 17 those descriptions. 18 So, when I say depressed and 19 withdrawn, that was part of when I 20 engage somebody at a cell side setting. 21 I like to look in there. I like to see 22 if I can see them -- like, what they're 23 doing prior to them acknowledging my 24 presence. So, a little bit of 25 observation to see kind of how they're</p>	<p style="text-align: right;">Page 45</p> <p>1 he intended to say, or if there was more 2 that he was trying to express and became 3 somewhat frustrated about his ability to 4 communicate. I recall asking him if he 5 could repeat himself a lot throughout 6 all my engagements with him, so I'll 7 leave my answer at that. 8 Q. Okay. And then in the Assessment 9 category, it says, "No MH diagnosis." I 10 assume that means no mental health 11 diagnosis? 12 A. That means I didn't provide any 13 speculation on his condition 14 diagnostically. 15 Q. Based on the fact -- according to 16 this note, it says that you didn't have 17 enough information to do such a thing; 18 is that correct? 19 A. Yes. 20 Q. Okay. Now, when you encounter 21 somebody for the first time and you're 22 unable to make a determination on their 23 condition, are there any tools that you 24 can use to gain more information about 25 the inmate as far as their past medical</p>

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13 (Pages 46 to 49)

<p style="text-align: right;">Page 46</p> <p>1 treatment or conditions?</p> <p>2 A. Are there other tools? The routine</p> <p>3 for somebody in a situation like you</p> <p>4 described, to answer your question</p> <p>5 specifically, would probably fall more</p> <p>6 in line with what I discussed previously</p> <p>7 as far as consultation purposes would</p> <p>8 go. That would be one way to go about</p> <p>9 seeing if other staff members who had</p> <p>10 also potentially engaged the individual,</p> <p>11 if they had been able to gather or</p> <p>12 ascertain additional information that</p> <p>13 wasn't readily available in chart work.</p> <p>14 Additionally, going through, like I</p> <p>15 said, if there were any documents that</p> <p>16 had already been generated or completed</p> <p>17 and that were stored electronically, a</p> <p>18 review of those, if I had not already</p> <p>19 done so, would be another way to gather</p> <p>20 more information about the individual.</p> <p>21 Q. And outside of professional</p> <p>22 consultation, is there any way that you</p> <p>23 are allowed to contact either an</p> <p>24 inmate's family or someone outside of</p> <p>25 the institution to try and get more</p>	<p style="text-align: right;">Page 48</p> <p>1 Mr. Riley in your first visit with him?</p> <p>2 A. I do not recall any injuries.</p> <p>3 Q. There's a note here under</p> <p>4 Subjective of him having a heavy</p> <p>5 bandage on his right wrist. Do you</p> <p>6 recall that?</p> <p>7 A. Yes, sir.</p> <p>8 Q. Okay. Other than that heavy</p> <p>9 bandage on his wrist, do you recall any</p> <p>10 other injuries that you observed to Mr.</p> <p>11 Riley?</p> <p>12 A. No, sir.</p> <p>13 Q. I'm scrolling further up on Page 83</p> <p>14 and at the bottom of Page 82, and this</p> <p>15 looks like your note from June 19th,</p> <p>16 2019; is that correct, Dr. Rosas?</p> <p>17 A. Yes, sir.</p> <p>18 Q. And it says -- (inaudible) -- at</p> <p>19 2:50 p.m.?</p> <p>20 A. I'm sorry. Can you repeat that,</p> <p>21 sir?</p> <p>22 Q. You met with Mr. Riley at 2:50 in</p> <p>23 the afternoon?</p> <p>24 A. Oh. That's the time that the</p> <p>25 electronic documentation note is</p>
<p style="text-align: right;">Page 47</p> <p>1 information on the medical background of</p> <p>2 an inmate?</p> <p>3 A. Is there a pathway for that? I</p> <p>4 presume so. I'm not certain of that</p> <p>5 pathway by way of policy specifics. As</p> <p>6 far as outside family members, because</p> <p>7 our work is protected health</p> <p>8 information, without having releases to</p> <p>9 provide for -- you know, to make contact</p> <p>10 with others is -- you know, there's</p> <p>11 certain particulars involved with being</p> <p>12 able to reveal that type of information.</p> <p>13 Q. And lastly, it looks like it says</p> <p>14 here you asked him why he was</p> <p>15 incarcerated, and he said he was unable</p> <p>16 to offer a reasonable explanation for</p> <p>17 why he was incarcerated. Do you</p> <p>18 remember what exactly he said to you?</p> <p>19 A. I don't recall what exactly he had</p> <p>20 said to me. I do recall that eludes to</p> <p>21 part of the conversation that was</p> <p>22 inaudible either for environmental</p> <p>23 reasons or what he was expressing was</p> <p>24 nonsensical.</p> <p>25 Q. Did you observe these injuries to</p>	<p style="text-align: right;">Page 49</p> <p>1 completed and locked into its final</p> <p>2 form. So, not necessarily --</p> <p>3 Q. That's what this time is, right,</p> <p>4 15:16?</p> <p>5 A. Yes. That's the time that the</p> <p>6 document or the note, if you will, is --</p> <p>7 once you complete the note, it gives you</p> <p>8 an opportunity to save it, which makes</p> <p>9 it revisable without it having to have</p> <p>10 an addendum to it. The time listed, the</p> <p>11 time stamp, is the day or time at which</p> <p>12 the note is locked in its form. And the</p> <p>13 only way to make any sort of revisions,</p> <p>14 additions or any clarifications is it</p> <p>15 comes in a separate little field, and</p> <p>16 it's listed as addendum. And it shows</p> <p>17 that information.</p> <p>18 Whatever is present there was</p> <p>19 drafted at a distinctly different time</p> <p>20 than the note above. So, the time</p> <p>21 stamps on a particular note, depending</p> <p>22 on its proximity to the time of contact,</p> <p>23 you know, there could be a significant</p> <p>24 gap in time depending on the reasons why</p> <p>25 the documentation gets delayed, and</p>

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14 (Pages 50 to 53)

<p style="text-align: right;">Page 50</p> <p>1 there's a number of reasons why the 2 actual time of contact and the 3 documentation could be a gap. 4 Q. In the Subjective section, it looks 5 like your notes say you met with him at 6 2:50 in the afternoon. Do you see the 7 highlighted part right there? 8 A. Yes. 9 Q. Would you agree with that? 10 A. Yes. 11 Q. And it says that you met with him 12 "cell side after he was prevented from 13 being in medical department this a.m. 14 due to uncooperative behavior." That 15 looks like the same language that you 16 used in the 6/18 note; would you agree 17 with me on that? 18 A. Yes. 19 Q. What were the uncooperative 20 behaviors on June 19th? 21 A. I don't know specifically what the 22 uncooperative behavior is. 23 Q. Is this information that you 24 observed yourself, or did you get this 25 from somebody else?</p>	<p style="text-align: right;">Page 52</p> <p>1 type of treatment is available or is 2 needed? 3 A. In part, yes. 4 Q. Okay. And also for others; if 5 someone else needs to find out what 6 happened with a particular inmate, they 7 can look back at your notes? 8 A. Yes. 9 Q. And you want to be as accurate as 10 possible when you are making these types 11 of notes for those reasons, right? 12 A. Yes. 13 Q. And when you reuse the term 14 "uncooperative behaviors," is there 15 something else that substantiated you to 16 reuse that, or you just kind of kept 17 with the same language you used before? 18 MR. NINOSKY: Object to the 19 form. 20 But you can answer. 21 THE DOCTOR: Without having 22 anything additional or distinctly 23 different to say, I went with the 24 last indication that I was aware 25 of.</p>
<p style="text-align: right;">Page 51</p> <p>1 A. In reviewing the notes, I believe I 2 adopted it really from the note that 3 preceded it. 4 Q. Okay. But this is -- at least the 5 first part is like a cut and paste job? 6 A. May I clarify a few points about 7 that? 8 Yes, it could be a cut and paste 9 check, and I do believe that part of 10 that document I probably either adopted 11 literally, like I said, or literally cut 12 and pasted it. Generally, the first -- 13 it's often the case that the first line 14 within a note comes already prefabricated. 15 So, if there is -- for example, where it 16 says, "Suicide watch," that is already 17 populated, so that part wasn't cut 18 and pasted. That's already 19 populated, but the notation above, 20 the "disruptive behavior," that's my 21 explanation. I adopted my own note from 22 the one previous. 23 Q. And so I understand, the purpose of 24 the notes is to help you, when you look 25 back at the records, to determine what</p>	<p style="text-align: right;">Page 53</p> <p>1 BY MR. MINCEY: 2 Q. When you went to his cell, it says 3 that he was resting at the time. What 4 did you observe when you first went to 5 observe Mr. Riley at his cell on 6 June 19th? 7 A. I don't recall beyond what I 8 described in written form. 9 Q. When you say "resting," was he 10 laying down? Is he going to bed? Is he 11 on the floor? What is he doing? 12 A. I don't recall the exact position 13 he might have been in at that time. 14 Q. How did you ask for him to come to 15 the window? Do you recall that? 16 A. Not specifically on that day, no. 17 Q. Are do you talk through an opening 18 in the window? Do you knock on the 19 door? How do you usually do it? 20 A. The location where Mr. Riley is at, 21 it's a covered glass or plexiglass 22 covering, I don't know what the 23 dimensions of the window are, and a 24 solid closed door. So, the conversation 25 occurs between the door and the actual</p>

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15 (Pages 54 to 57)

Page 54	Page 56
<p>1 wall, so we have a juncture of -- I</p> <p>2 don't know if you can see, about that</p> <p>3 big (indicating).</p> <p>4 MR. MINCEY: For the</p> <p>5 record, he's holding about like</p> <p>6 two inches wide.</p> <p>7 BY MR. MINCEY:</p> <p>8 Q. Is that fair?</p> <p>9 A. Yeah. It's generally about that</p> <p>10 thin (indicating) if you can see it, and</p> <p>11 then kind of talk like that. The voices</p> <p>12 do get amplified on the inside I've come</p> <p>13 to learn, so they hear me probably</p> <p>14 better than I'm able to hear them</p> <p>15 sometimes depending on the ambient</p> <p>16 noise.</p> <p>17 Q. And when Mr. Riley came over to the</p> <p>18 window, what did you talk with him</p> <p>19 about?</p> <p>20 A. I don't recall specifically. I do</p> <p>21 recall having a more difficult time than</p> <p>22 the day prior. The communication was</p> <p>23 somewhat more difficult the day before.</p> <p>24 Again, part of it was his ability to</p> <p>25 communicate. Some of it was his</p>	<p>1 MR. NINOSKY: Can we take</p> <p>2 ten minutes?</p> <p>3 MR. MINCEY: Sure. No</p> <p>4 problem. Let's come back at</p> <p>5 2:40.</p> <p>6 ---</p> <p>7 (A brief recess was taken</p> <p>8 at this time.)</p> <p>9 ---</p> <p>10 BY MR. MINCEY:</p> <p>11 Q. Dr. Rosas, you had an opportunity</p> <p>12 to speak with Mr. Ninosky. Are you</p> <p>13 prepared to continue?</p> <p>14 A. Yes, sir.</p> <p>15 Q. Okay. And can I ask what you</p> <p>16 discussed with Mr. Ninosky during the</p> <p>17 recess?</p> <p>18 A. I asked how --</p> <p>19 MR. NINOSKY: Hold it.</p> <p>20 You're not going to talk about</p> <p>21 what we talked about.</p> <p>22 He's not going to answer</p> <p>23 questions about what we talked</p> <p>24 about.</p> <p>25 MR. MINCEY: Are you</p>
Page 55	Page 57
<p>1 condition. I think he hadn't improved</p> <p>2 since the day prior.</p> <p>3 Q. Your note here says, "He," Mr.</p> <p>4 Riley, "was entirely unresponsive to</p> <p>5 question today, failing to even make</p> <p>6 mild verbal gestures to confirm an</p> <p>7 understanding of our conversation."</p> <p>8 Were those your words?</p> <p>9 A. Yes.</p> <p>10 Q. Is that a fair representation of</p> <p>11 what occurred between you and Mr.</p> <p>12 Riley?</p> <p>13 A. (The witness nods.)</p> <p>14 Q. Is that a yes?</p> <p>15 A. I'm contemplating my response. May</p> <p>16 I consult with my attorney?</p> <p>17 Q. I think you need to answer the</p> <p>18 question first.</p> <p>19 A. I'm so sorry, sir.</p> <p>20 Q. Okay.</p> <p>21 A. Yes. Yes.</p> <p>22 Q. Okay. Do you still wanted to talk</p> <p>23 with Mr. Ninosky?</p> <p>24 A. I do need a break.</p> <p>25 Q. You want a break?</p>	<p>1 instructing him not -- I'm sorry?</p> <p>2 MR. NINOSKY: He's not</p> <p>3 going to answer any questions</p> <p>4 about what we discussed.</p> <p>5 MR. MINCEY: I think</p> <p>6 there's some caselaw that says</p> <p>7 it's appropriate to ask just to</p> <p>8 determine whether or not there's</p> <p>9 been any witness coaching. I'm</p> <p>10 not accusing you, John. I'm just</p> <p>11 being diligent.</p> <p>12 MR. NINOSKY: No. And I'm</p> <p>13 not offended, but I'm not going</p> <p>14 to let him answer any questions</p> <p>15 about what we discussed.</p> <p>16 BY MR. MINCEY:</p> <p>17 Q. Are you prepared to proceed, Dr.</p> <p>18 Rosas?</p> <p>19 A. Yes.</p> <p>20 Q. Okay. Can you see my screen?</p> <p>21 A. Yes.</p> <p>22 Q. And, so, I think we left off</p> <p>23 talking about Mr. Riley being entirely</p> <p>24 unresponsive to the questions?</p> <p>25 A. Yes.</p>

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16 (Pages 58 to 61)

<p style="text-align: right;">Page 58</p> <p>1 Q. And that was a deterioration from 2 his situation the day before; is that 3 fair? 4 MR. NINOSKY: Object to the 5 form. 6 But you can answer. 7 THE DOCTOR: I have no 8 reason to believe differently 9 than what I previously stated. 10 It reflects a deterioration from 11 the day before. 12 BY MR. MINCEY: 13 Q. Okay. Under Objective, you wrote, 14 "Presentation today may be indicative 15 of negative symptoms related to a 16 psychotic disorder." Do you recall 17 writing that? 18 A. It's there in writing. I have no 19 reason to believe different. I don't 20 recall writing it, but I'm reading it. 21 Q. And why would you feel it was 22 significant to add this to the note? 23 A. My understanding at the time was 24 Mr. Riley had been unable to complete 25 his initial intake, medical nursing</p>	<p style="text-align: right;">Page 60</p> <p>1 A. In that regard, I intended that to 2 mean or stand for -- abbreviation for 3 substance use disorder. 4 Q. All right. And "No withdraw 5 syndrome present at this time," correct? 6 A. By observation, yes. Yes, that's 7 what I wrote. 8 Q. How did your meeting with Mr. Riley 9 end on June 19th? 10 A. I don't recall. 11 Q. Did Mr. Riley walk away from you 12 while you were still talking to him? 13 A. I don't recall. 14 Q. Did you observe any injuries to 15 Mr. Riley during your meeting on 16 June 19th? 17 A. I don't recall. 18 Q. Did he still have the bandage on 19 his hand? 20 A. I believe so. And the reason I 21 recall that, and allow me to explain 22 that piece, is it is atypical for them 23 to both be in suicide smock and have 24 something like a bandage present, so 25 that, I do recall.</p>
<p style="text-align: right;">Page 59</p> <p>1 assessment intake, that every inmate 2 does upon entry into the facility. I 3 had no other basis or information to 4 explain Mr. Riley's clinical 5 presentation at the time, and the 6 notation there indicates a best 7 clinical guess based on the information 8 provided. 9 Q. If someone is suffering from a 10 psychotic disorder, is that reason 11 enough for you to recommend them be 12 treated in a formal hospital setting? 13 MR. NINOSKY: Object to the 14 form. 15 You can answer. 16 THE DOCTOR: No. 17 BY MR. MINCEY: 18 Q. Okay. Are psychic disorders 19 something that are routinely treated at 20 the prison? 21 A. Yes. 22 Q. This next part again talks about, 23 under Assessment, "unresponsive to 24 questions." Then it says, "No known 25 SUD." What does SUD mean?</p>	<p style="text-align: right;">Page 61</p> <p>1 Q. You said it's typical for them to 2 be in a suicide smock and have a 3 bandage? 4 A. I apologize. Not typical, no. 5 Q. Not typical? 6 A. Not typical. 7 Q. So, it's something you would have 8 noticed, right? 9 A. After having worked there now, I am 10 far more able to notice that than 11 probably at that time. Yes. 12 Q. Had you ever seen anybody in a 13 suicide smock with a bandage in the 14 couple of weeks that you had been 15 working at DCP prior to this? 16 A. No. 17 Q. This would have been the first time 18 you saw that, right? 19 A. Yes. 20 Q. Okay. Scrolling up now to the top 21 of Page 82, PCM82, do you see this right 22 here (indicating)? This is your note 23 from June 20th, 2019; is that correct? 24 A. Yes. 25 Q. Saved at 2:42 p.m.?</p>

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17 (Pages 62 to 65)

<p style="text-align: right;">Page 62</p> <p>1 A. Yes.</p> <p>2 Q. Okay. It says that you "met with</p> <p>3 patient," Mr. Riley, "cell side at</p> <p>4 12:45 in the afternoon after he was</p> <p>5 prevented again from being seen in the</p> <p>6 medical department this a.m. due to</p> <p>7 ongoing uncooperative behavior." Do you</p> <p>8 see that?</p> <p>9 A. Yes, sir.</p> <p>10 Q. Do you agree with me that that is</p> <p>11 language that is substantially similar</p> <p>12 to the language you used on June 18th</p> <p>13 and June 19th to describe Mr. Riley's</p> <p>14 mornings?</p> <p>15 A. Yes.</p> <p>16 Q. Did you witness uncooperative</p> <p>17 behaviors from Mr. Riley on June 20th?</p> <p>18 A. No.</p> <p>19 Q. Okay. Is this your reporting of</p> <p>20 something that was told to you by</p> <p>21 somebody else?</p> <p>22 A. Yes.</p> <p>23 Q. Do you recall who told you that?</p> <p>24 A. No. I don't believe it to be any</p> <p>25 different than how I initially arrived</p>	<p style="text-align: right;">Page 64</p> <p>1 behaviors;" would you agree with that?</p> <p>2 A. Yes.</p> <p>3 Q. Is there a reason that you added</p> <p>4 the word "again?"</p> <p>5 A. I don't recall any specific reason.</p> <p>6 Q. Okay. And this time, can you</p> <p>7 describe what you saw when you saw Mr.</p> <p>8 Riley on June 20th?</p> <p>9 A. Can you repeat the question, sir?</p> <p>10 Q. Can you describe for me what you</p> <p>11 observed when you first saw Mr. Riley on</p> <p>12 June the 20th?</p> <p>13 A. I have no reason to believe that</p> <p>14 what's documented there is any different</p> <p>15 than my assessment at the time. I don't</p> <p>16 recall specifically anything different</p> <p>17 than what's in documentation form.</p> <p>18 Q. Earlier you said sometimes you</p> <p>19 would start by kind of quietly observing</p> <p>20 them in their environment before you let</p> <p>21 them know you were there. Did you do</p> <p>22 that in this instance?</p> <p>23 A. I can't recall if I had done that</p> <p>24 by routine at that point.</p> <p>25 Q. Did you call Mr. Riley over to the</p>
<p style="text-align: right;">Page 63</p> <p>1 at that language I used in the first</p> <p>2 example that we described.</p> <p>3 Q. So, this first line, again,</p> <p>4 "Suicide watch," that's self-populated,</p> <p>5 and "Met with patient cell side at"</p> <p>6 seems to be language that you typically</p> <p>7 use at the beginning of your reports; is</p> <p>8 that fair?</p> <p>9 A. Well, for that week because the</p> <p>10 conditions which I had to meet with him</p> <p>11 did not vary at that time. I had not</p> <p>12 been able to see him in clinic, and so,</p> <p>13 yes. I literally probably borrowed from</p> <p>14 a previous note just for shorter</p> <p>15 purposes.</p> <p>16 Q. You cut this part here, and then</p> <p>17 you just added the time, right?</p> <p>18 A. Yeah. I probably just altered the</p> <p>19 time.</p> <p>20 Q. Okay. And, then, it looks like the</p> <p>21 only change you made to the beginning of</p> <p>22 your Subjective part was that you added</p> <p>23 the word "again" saying, "After he was</p> <p>24 prevented again from being seen in the</p> <p>25 medical department for uncooperative</p>	<p style="text-align: right;">Page 65</p> <p>1 window, or was he already there?</p> <p>2 A. I'm not reading these notes over</p> <p>3 here, and I'm going based on</p> <p>4 recollection. Not particularly since I</p> <p>5 do believe he was at the window.</p> <p>6 Q. You believe he was at the window</p> <p>7 already?</p> <p>8 A. Yes.</p> <p>9 Q. Okay. And when you got to the</p> <p>10 window, it says here that "He," Mr.</p> <p>11 Riley, "was naked and standing at the</p> <p>12 window;" is that fair?</p> <p>13 A. Yes.</p> <p>14 Q. Okay. And it looks like you</p> <p>15 informed him about the need to be able</p> <p>16 to complete the intake; is that fair?</p> <p>17 A. Yeah. I made statements. I wasn't</p> <p>18 sure if he was comprehending what was</p> <p>19 being said at that point in time during</p> <p>20 his stay at DCP. I had made the</p> <p>21 statement. I know that for a fact, yes.</p> <p>22 Q. And what is it that you recall</p> <p>23 about your encounter with Mr. Riley that</p> <p>24 makes you say that you were unable to be</p> <p>25 sure if he was understanding what you</p>

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18 (Pages 66 to 69)

<p style="text-align: right;">Page 66</p> <p>1 were saying?</p> <p>2 A. His presentation, by recollection,</p> <p>3 had not improved to any noticeable</p> <p>4 degree. If anything, he had been less</p> <p>5 able to engage in that environment. It</p> <p>6 was evident to me that it was becoming</p> <p>7 increasingly difficult to getting any</p> <p>8 sort of meaningful interaction from</p> <p>9 him.</p> <p>10 Q. Okay. And then it looks like up</p> <p>11 here, it says "F28." What does F28</p> <p>12 mean?</p> <p>13 A. The F28 in that regard is in</p> <p>14 reference to the ICD-10 version of</p> <p>15 mental health disorders, and that's the</p> <p>16 diagnostic label or the nomenclature</p> <p>17 used in that particular manual. So, the</p> <p>18 ICD-10 and the DSM, which is the other</p> <p>19 guiding document, if you will, to mental</p> <p>20 health psychiatric disorders -- it's a</p> <p>21 coding nomenclature.</p> <p>22 Q. And was this code added here by you</p> <p>23 under "Related problems?"</p> <p>24 A. It's a click box that gets checked.</p> <p>25 Q. Did you check it?</p>	<p style="text-align: right;">Page 68</p> <p>1 the 20th, that Mr. Riley's condition had</p> <p>2 deteriorated each day; is that fair?</p> <p>3 MR. NINOSKY: Object to the</p> <p>4 form.</p> <p>5 But you can answer.</p> <p>6 THE DOCTOR: I think that's</p> <p>7 a fair assessment. That's my</p> <p>8 recollection.</p> <p>9 BY MR. MINCEY:</p> <p>10 Q. Would you call the deterioration</p> <p>11 significant?</p> <p>12 MR. NINOSKY: Object to the</p> <p>13 form.</p> <p>14 But you can answer.</p> <p>15 THE DOCTOR: I can't say at</p> <p>16 that time. I thought it was</p> <p>17 extraordinary. I mean I thought</p> <p>18 it was meaningful if that's what</p> <p>19 you mean by significant, but I</p> <p>20 didn't think it was extraordinary</p> <p>21 or something prompting. Yeah,</p> <p>22 notable but not overly gruesome</p> <p>23 to the point of, you know, what</p> <p>24 had ultimately happened.</p> <p>25 BY MR. MINCEY:</p>
<p style="text-align: right;">Page 67</p> <p>1 A. Yes. I have no reason to believe I</p> <p>2 didn't.</p> <p>3 Q. Okay. And, so, you checked it</p> <p>4 because -- does this mean that you made</p> <p>5 a determination that Mr. Riley was</p> <p>6 suffering from a psychotic disorder not</p> <p>7 due to a substance or known</p> <p>8 physiological condition?</p> <p>9 A. Based on the information I gathered</p> <p>10 up until that point, including on that</p> <p>11 day and the days prior, I began to kind</p> <p>12 of just formulate a diagnostic</p> <p>13 assessment of sorts to at least explain</p> <p>14 Mr. Riley's presentation, and, so, I</p> <p>15 have the ability to click several boxes</p> <p>16 if I feel like it pertains.</p> <p>17 Again, I was still new there and</p> <p>18 probably noting the electronic record</p> <p>19 keeping system as a whole, but my</p> <p>20 ability to venture a guess I think at</p> <p>21 that point was clicking boxes like</p> <p>22 that.</p> <p>23 Q. And it's fair to say that at the</p> <p>24 time you first met Mr. Riley on June</p> <p>25 the 18th until this date on June</p>	<p style="text-align: right;">Page 69</p> <p>1 Q. On June 18th he was clothed and</p> <p>2 able to answer some of your questions,</p> <p>3 correct?</p> <p>4 A. He was wearing a suicide smock, but</p> <p>5 he was wearing it appropriately, to a</p> <p>6 state of decline, so he was no longer</p> <p>7 wearing that.</p> <p>8 Q. On June 19th he was still wearing a</p> <p>9 suicide smock, but he was wearing it</p> <p>10 inappropriately, or was he wearing it</p> <p>11 appropriately?</p> <p>12 A. I don't recall specifically.</p> <p>13 Q. And on June 19th, he was unable to</p> <p>14 really answer any questions; is that</p> <p>15 right?</p> <p>16 A. Not the ones I was asking him.</p> <p>17 Q. Do you recall what, if anything, he</p> <p>18 was saying to you when you saw him on</p> <p>19 June the 20th?</p> <p>20 A. Nothing. I don't recall any part</p> <p>21 of that, and by recollection, I don't</p> <p>22 recall him being in a state -- being</p> <p>23 able to respond. I think I understood</p> <p>24 that at that time. I wasn't fully aware</p> <p>25 of whether -- or I wasn't clear on</p>

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19 (Pages 70 to 73)

<p style="text-align: right;">Page 70</p> <p>1 whether he was unable or would respond. 2 Q. When you say "unable," what do you 3 mean by unable? 4 A. Well, people sometimes are -- their 5 presentation, because they're under the 6 influence of drugs or alcohol, or as a 7 result of their particular form of 8 mental illness, the ability to engage, 9 respond, provide any meaningful 10 information is one thing. 11 But those same conditions, being 12 under the influence of drugs or alcohol 13 or the mental illness, sometimes they 14 have the capability of engaging or 15 responding, but because of something 16 like paranoia or some delusional belief 17 that they might withhold or 18 intentionally avoid engagement. 19 Q. Dr. Rosas, I'm showing you Page 62, 20 PCM62, and at the top of the page here, 21 it looks like this is a note from sick 22 call. Do you see that there? 23 A. Yes. 24 Q. Actually, you know what? I think 25 this really just references your note</p>	<p style="text-align: right;">Page 72</p> <p>1 there, there probably have been other 2 revisions to it. So, it's just another 3 version of that form. 4 Q. Okay. And you're listed at the top 5 of the page here as the Interviewer on 6 June 20th at 2:52 p.m.; is that 7 accurate? 8 A. That's what's written there. 9 Q. Okay. And is this a format for 10 this interview where you're reading a 11 script off a computer? 12 A. No. 13 Q. Okay. Are you performing this at 14 cell side? 15 A. Yes. 16 Q. Okay. Are you handwriting answers, 17 or is someone -- this appears to be a 18 type of form that you would click 19 buttons and fill in dropdowns; am I 20 incorrect in that? 21 A. Yes. 22 Q. I'm incorrect or it is one of 23 those -- 24 A. You are correct, sir. 25 Q. Okay. So, is this something that</p>
<p style="text-align: right;">Page 71</p> <p>1 from 6/20, so let me take that down and 2 move to the next thing. 3 MR. NINOSKY: That's a 4 feature in the notes that kind of 5 compiles stuff, Kevin, is all 6 that was. That's nothing new. 7 MR. MINCEY: Yes. I just 8 realized that. Thanks, John. 9 BY MR. MINCEY: 10 Q. Dr. Rosas, I have Page 85 in front 11 of me. Do you recognize this form? 12 A. Yes. 13 Q. Okay. And it says, "Suicide Risk 14 Assessment OLD." What does OLD stand 15 for? 16 A. It would be a presumption, but I do 17 believe that form has been revised over 18 time. 19 Q. Okay. 20 A. Generally, when the forms are 21 revised, when you could still access 22 documents that were created with the old 23 version of a form, if you will, in this 24 regard, by the time we access the 25 printout, the form that we're looking at</p>	<p style="text-align: right;">Page 73</p> <p>1 you conduct the interview, and then go 2 back and complete the form later? 3 A. If I need to, yes. 4 Q. Okay. And what determines whether 5 or not you need to go back and complete 6 the form? 7 A. I'm sorry. My answer was in 8 reference to whether it's done with the 9 individual line by line or whether it's 10 ascertained through formal, informal 11 parts of a conversation that speak 12 directly to those elements. 13 Q. Well, how did you complete this 14 form that we're looking at? 15 A. So, the form was completed based on 16 the information I gathered at that time 17 for that interaction on that date, and 18 given that it was done on the unit cell 19 side, I don't have a computer with me at 20 that time. So, the information gathered 21 regardless, including the information 22 that feeds into the completion of this 23 form, needs to be done post contact. 24 Q. And, so, after you met with Mr. 25 Riley and basically in summation of your</p>

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20 (Pages 74 to 77)

<p style="text-align: right;">Page 74</p> <p>1 three days of meeting with Mr. Riley, 2 you completed this form? 3 MR. NINOSKY: Objection to 4 the form. 5 But you can answer. 6 THE DOCTOR: My 7 recollection was that, again, 8 because I was newer to the 9 process, there was -- I needed 10 some clarification on what 11 exactly was needed to be 12 accomplished administratively or 13 recordkeeping-wise for this 14 individual. 15 My understanding was the 16 reason why he was in the suicide 17 precaution status wasn't because 18 he was suicidal per se. There 19 was no indication that he was 20 ever suicidal or at risk for self 21 harm, but he was placed in that 22 status due to the inability to 23 get the information necessary to 24 make a determination of risk for 25 potential self harm, for other</p>	<p style="text-align: right;">Page 76</p> <p>1 were some forms that needed to be 2 completed in association with my contact 3 with Mr. Riley. 4 Q. Who was your direct oversight? 5 A. At that time, it was another 6 licensed psychologist. First name was 7 Ademola, last name Fowale, F-o-w-a-l-e. 8 Q. Do you recall; is it Dr. Fowale? 9 A. Yes. 10 Q. Do you recall Dr. Fowale come to 11 you and explained that you need to 12 complete some forms? 13 A. I don't recall him coming to me or 14 how that information was brought to my 15 attention. I could have asked questions 16 about it. I don't recall directly. 17 Q. Other than this form, this Suicide 18 Risk Assessment Form that we're looking 19 at, were there other forms that needed 20 to be completed? 21 A. There are other forms that do need 22 to be completed. I don't recall whether 23 or not I needed to complete them for Mr. 24 Riley. 25 Q. What are the forms that are</p>
<p style="text-align: right;">Page 75</p> <p>1 medical illness, et cetera, et 2 cetera. So, it's a girth of 3 information that prompted him to 4 be placed on the suicide 5 precaution status. 6 I don't know if I was 7 entirely clear about the 8 associated forms that needed to 9 be completed at the time likely 10 because, again, conjecture or a 11 guess at this point, I didn't 12 perceive him as suicidal. I 13 believe I was prompted to the 14 need to complete the forms 15 regardless, and I don't recall if 16 I had done that after my first 17 encounter with Mr. Riley or not. 18 BY MR. MINCEY: 19 Q. Who would have prompted you to 20 complete the forms? 21 A. I mean my direct oversight would be 22 the likely individual, but I can't 23 recall who did or specifically if that 24 was the conversation. I recall being 25 made aware of that. There was -- there</p>	<p style="text-align: right;">Page 77</p> <p>1 supposed to be completed? 2 A. The ones that I would complete, so 3 the note, the Suicide Risk Assessment, 4 and if I was able to complete a mental 5 health intake, that would be the other 6 typical form that gets completed for an 7 individual. 8 Q. When would you complete a mental 9 health intake? 10 A. The attempt should be made at the 11 point of first contact. 12 Q. So, that would be June 18th, 2019? 13 A. For my purposes, yes. 14 Q. Did you complete one of those? 15 A. I don't recall. I don't believe 16 so. 17 Q. And what was the purpose of 18 completing a Mental Health Intake Form? 19 A. It would be a summation of the 20 available information regarding an 21 individual's mental health or substance 22 abuse treatment background, and it also 23 contains whatever shared information 24 about their own subjective appraisal of 25 care needs, information like that.</p>

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21 (Pages 78 to 81)

<p style="text-align: right;">Page 78</p> <p>1 Q. You were directed to complete the 2 Suicide Risk Assessment only and not the 3 Mental Health Intake Form? 4 A. The Mental Health Intake is a 5 onetime completed document for 6 individuals who have consented to care 7 and treatment. That's a requirement 8 that does need to be completed as part 9 of that process. 10 The Suicide Risk Assessment is 11 performed on individuals who are suicide 12 status, and it gets completed at the 13 point of first contact. And, also, as 14 individuals move between the various 15 restrictive levels of the suicide 16 precaution protocol, at each juncture 17 that form gets filled out and revised 18 accordingly. Some of the information 19 builds upon one another. Some of it is 20 new to the task at hand depending. 21 So, the document itself has a 22 multiuse purpose. It's been revised 23 since this time to kind of better 24 reflect that, but that was always my 25 understanding. That was always the</p>	<p style="text-align: right;">Page 80</p> <p>1 assessment in those domains up until 2 that point. 3 Q. But in your notes from June 18th, 4 June 19th and June 20th, basically the 5 only question Mr. Riley answered was he 6 did not want to kill himself; is that 7 right? 8 A. Yes. 9 Q. So, these answers here would appear 10 to be inconsistent with what you wrote 11 in those reports; would you agree with 12 me? 13 MR. NINOSKY: Object to the 14 form. 15 THE DOCTOR: Are you able 16 to rephrase the question? 17 BY MR. MINCEY: 18 Q. When you wrote that Mr. Riley was 19 unresponsive to questions about his 20 suicide ideations, this appears to be 21 incorrect based upon what you wrote in 22 your reports on June 18th, 19th and 23 20th; would you agree with me? 24 A. Yes. Yes, I agree. 25 Q. Can you explain why you would write</p>
<p style="text-align: right;">Page 79</p> <p>1 interpretation of this document, 2 including the time in question here. 3 Q. So, in this first section, "Suicide 4 Ideations Definitions and Prompts," you 5 asked two questions, and then are these 6 your words, that "Mr. Riley was 7 unresponsive and refuses to respond to 8 question?" 9 A. Yes. 10 Q. "To wish to be dead?" 11 A. Yes. 12 Q. And then "General nonspecific 13 thoughts of wanting to end one's life 14 meant suicide," you wrote that "Mr. 15 Riley was unresponsive, refuses respond 16 to question?" 17 A. Yes. 18 Q. Were those answers meant to reflect 19 for each day, June 18th, June 19th and 20 June 20th? 21 A. They were intended to reflect my 22 best understanding of the situation at 23 that time. They are not all inclusive 24 or in incorporate, but at the time I 25 filled that out, that incorporated my</p>	<p style="text-align: right;">Page 81</p> <p>1 these things when it's not correct? 2 MR. NINOSKY: Object to the 3 form. 4 But you can answer. 5 THE DOCTOR: No. I have no 6 rational explanation for that. 7 BY MR. MINCEY: 8 Q. And I guess you skipped these 9 questions because it's either not 10 required to be asked -- looks like you 11 answered Question Number 6 though, if 12 asked, "How long do any of the above 13 behaviors," and your answer here is 14 "Unresponsive, refuses to respond 15 question." Do you see that? 16 A. Yes. 17 Q. Okay. Is that just a mistake? 18 MR. NINOSKY: Object to the 19 form. 20 THE DOCTOR: I can't say if 21 it was a mistake or not. 22 BY MR. MINCEY: 23 Q. Did Mr. Riley tell you that he had 24 ever tried to commit suicide? 25 A. I don't recall ever hearing a</p>

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22 (Pages 82 to 85)

<p style="text-align: right;">Page 82</p> <p>1 response to a question like that. 2 Q. And Question 6 says, "Have you ever 3 done anything, started to do anything or 4 prepared to do anything to end your 5 life," and then it list examples. Your 6 answer here is "Unresponsive, refuses to 7 respond to question?" 8 A. I don't believe I committed to 9 whether that was a yes or a no. I think 10 unresponsive was -- this is a guess, but 11 I think I was just trying to accomplish 12 filling out that field on the form at 13 that time. 14 Q. Did you ask any Questions 3, 4 or 5 15 that are on Page 85? 16 A. I don't recall. 17 Q. Here it says, "Type of watch and 18 frequency, type suicide precaution," and 19 you have selected "Level 1 suicide 20 watch." What is Level 1 suicide watch? 21 A. Level 1 suicide watch refers to the 22 protocol of -- I'm striking out on the 23 language. In essence, those various 24 levels refer to a level of 25 restrictiveness and oversight by medical</p>	<p style="text-align: right;">Page 84</p> <p>1 why this person is unable to complete 2 the intake? 3 MR. NINOSKY: Objection to 4 the form. 5 You can answer. 6 THE DOCTOR: I'm unable to 7 answer that. Yes, there's steps. 8 I wasn't aware of steps at that 9 time. 10 BY MR. MINCEY: 11 Q. Are you aware of the steps now? 12 A. Yes. 13 Q. What are those steps? 14 A. Are you looking for timeframes? 15 I'm unclear about what particular aspect 16 of the question you're seeking 17 information on. 18 Q. How many days are supposed to go by 19 before you take additional steps to help 20 someone complete the intake process? 21 MR. NINOSKY: Object to the 22 form. 23 You can answer. 24 THE DOCTOR: There's not a 25 stated number of days.</p>
<p style="text-align: right;">Page 83</p> <p>1 staff. So, Level 1 is an individual who 2 has some risk factors involved. They're 3 not actively engaging in self harming or 4 suicidal like behaviors, but there's a 5 risk involved such that they're required 6 to be placed in a suicide proof 7 environment, which includes the smock 8 and other environmental supports for an 9 individual with that level of risk 10 involved. 11 So, that's the placement. That's 12 the default for individuals who are 13 unable to complete the receiving intake 14 process, and that's done as they enter 15 the facility after they exit the booking 16 process. So, he was placed on a level 17 by virtue of not completing the intake 18 and less so because there was any known 19 or assessed risk for suicide. 20 Q. If an inmate or patient for you is 21 unable to complete the intake process 22 for a number of days, are there any 23 steps taken to understand why that is, 24 or is it -- well, I'll stop right there. 25 Are there any steps taken to understand</p>	<p style="text-align: right;">Page 85</p> <p>1 BY MR. MINCEY: 2 Q. What factors are you to consider 3 before you make the determination to 4 take extra steps to help someone 5 complete the intake process? 6 MR. NINOSKY: Object to the 7 form. 8 You can answer. 9 THE DOCTOR: I'm unable to 10 answer that specifically. 11 BY MR. MINCEY: 12 Q. So, when you say you're aware of 13 extra steps that are taken or that can 14 be taken, what are those? 15 A. The extra steps that are taken are 16 accomplished through a consultation of 17 other staff, other collaborative effort 18 by staff members. I don't have any 19 specific steps that I specifically am 20 tasked to carry out or undertake at that 21 time. I don't have a specific number of 22 days, and there isn't a detailed 23 descriptive list of conditions that 24 require those extra steps. That's 25 variable.</p>

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23 (Pages 86 to 89)

<p style="text-align: right;">Page 86</p> <p>1 I'm aware of the steps because</p> <p>2 we've gone through them. I don't know</p> <p>3 if those steps are incorporated into a</p> <p>4 written formal policy or not. It may be</p> <p>5 present. I'm not certain if I'm aware</p> <p>6 of it.</p> <p>7 Q. In your experience, what's the most</p> <p>8 amount of days that an inmate has been</p> <p>9 allowed to not complete the intake</p> <p>10 process and remain on Level 1 suicide</p> <p>11 watch without any additional steps being</p> <p>12 taken?</p> <p>13 MR. NINOSKY: Object to the</p> <p>14 form.</p> <p>15 You can answer.</p> <p>16 THE DOCTOR: I'm aware of</p> <p>17 at least one individual who spent</p> <p>18 eight days in that process.</p> <p>19 BY MR. MINCEY:</p> <p>20 Q. Do you have the authority to raise</p> <p>21 somebody's suicide precaution?</p> <p>22 A. By "raise," do you mean make it</p> <p>23 more restrictive?</p> <p>24 Q. To go from Level 1 to constant</p> <p>25 watch. I'm assuming constant watch is a</p>	<p style="text-align: right;">Page 88</p> <p>1 Q. Can you tell me what factors you</p> <p>2 were considering that caused you to</p> <p>3 write that Mr. Riley was not oriented to</p> <p>4 person, place, time or situation?</p> <p>5 A. I can't recall the specifics on why</p> <p>6 I used that word choice.</p> <p>7 Q. What do you do to determine whether</p> <p>8 or not a person is oriented to person,</p> <p>9 place, time or situation?</p> <p>10 A. It's somewhat of a imprecise</p> <p>11 practice. It reflects the individual's</p> <p>12 general awareness of their surroundings,</p> <p>13 the environmental factors involved,</p> <p>14 whether or not they recognize me as the</p> <p>15 person they saw the day before.</p> <p>16 For instance, for the place, unless</p> <p>17 somebody says, "Where am I," or "How did</p> <p>18 I get here," which happens because</p> <p>19 they're under a certain -- under the</p> <p>20 influence of drugs or alcohol at the</p> <p>21 time, they might not have any</p> <p>22 recollection of how they got there or</p> <p>23 even what particular facility they're</p> <p>24 at.</p> <p>25 The time orientation is, you know,</p>
<p style="text-align: right;">Page 87</p> <p>1 step above Level 1?</p> <p>2 A. Yes. And that would be your</p> <p>3 one-to-one where there's a constant line</p> <p>4 of sight, observation of the individual</p> <p>5 24 hours a day.</p> <p>6 Q. You have the authority to order</p> <p>7 that?</p> <p>8 A. Yes.</p> <p>9 Q. Okay. And are there a particular</p> <p>10 set of factors that you consider when</p> <p>11 you are deciding whether you should</p> <p>12 raise somebody's suicide precaution from</p> <p>13 Level 1 to constant watch?</p> <p>14 A. Yes.</p> <p>15 Q. Okay. And what are those?</p> <p>16 A. Actively engaging in self harming</p> <p>17 or suicidal behavior, so it's the act,</p> <p>18 not just the intent or the likelihood,</p> <p>19 but it's the active engagement of.</p> <p>20 Q. This is Page 86 that I'm looking at</p> <p>21 now. It looks like a Mental Status</p> <p>22 Exam, and then for Orientation, it looks</p> <p>23 like you wrote "Not oriented." Do you</p> <p>24 see that?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 89</p> <p>1 difficult to tell time. There's no</p> <p>2 clocks anywhere, that type of stuff.</p> <p>3 They'll ask, "Is this the evening, the</p> <p>4 morning?" Generally they'll seek some</p> <p>5 sort of understanding about what time of</p> <p>6 day it might be if they're confused or</p> <p>7 have no better way of ascertaining that</p> <p>8 information.</p> <p>9 That's common parlance within the</p> <p>10 mental health field in general. That's</p> <p>11 part of a mental status exam, that</p> <p>12 particular domain, so it's applicability</p> <p>13 in this regard. It's not perfect or</p> <p>14 it's not always easy to come up with a</p> <p>15 good response to those.</p> <p>16 So, I'm guessing at the time, for</p> <p>17 lack of a better way to successfully</p> <p>18 fill out that form, I went with the</p> <p>19 notation to the side with the belief</p> <p>20 that if one were to be able to kind of</p> <p>21 get in and ask more detailed question,</p> <p>22 or to better understand what Mr. Riley</p> <p>23 was aware of at that time, I would have</p> <p>24 ventured a clinical guess that he</p> <p>25 wouldn't have had any sort of</p>

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24 (Pages 90 to 93)

<p style="text-align: right;">Page 90</p> <p>1 orientation to those questions. 2 Q. Was there anytime during your 3 encounters on either June 18th or 4 June 19th where you believed that Mr. 5 Riley was oriented to person, place, 6 time and situation? 7 A. I don't believe so. If he was, it 8 was probably the first day, but it 9 wouldn't have been a complete 10 orientation even at that time. 11 Q. What would you have believed he was 12 oriented to on that first day, 13 June 18th? 14 A. Maybe place. 15 Q. And then after that, not even 16 place; is that fair? 17 A. I would have surmised that. I 18 would have surmised that. 19 Q. Under "Eye contact," here you have 20 "None." Did he make any contact with 21 you on the first day, eye contact? 22 A. Yes. 23 Q. He did? 24 A. Yes. 25 Q. Okay. What about on the second</p>	<p style="text-align: right;">Page 92</p> <p>1 in a vacuum outside of the other 2 pieces of information, the other 3 parts of his presentation. Eye 4 contact alone, again, it could be 5 avoidant. It could have been 6 inability, you know, all of the 7 above, none of the above. So the 8 "none" I used likely to 9 incorporate all possibilities at 10 that time. There was a lot of 11 guesswork going on with him. 12 BY MR. MINCEY: 13 Q. I'm not asking you to assess it in 14 a vacuum. I'm asking you to assess it 15 in combination with all the other things 16 you observed. 17 Do you think in combination with 18 everything you observed, from his 19 appearance to his ability to 20 communicate -- do you think the level of 21 eye contact dropping from where it was 22 on June 18th to where it was on 23 June 20th would be significant enough 24 for you to note in his records 25 somewhere?</p>
<p style="text-align: right;">Page 91</p> <p>1 day, June 19th? Was he making eye 2 contact with you? 3 A. He was able to look in my general 4 direction. 5 Q. Was that yes? 6 A. Yes. 7 Q. And the third day, he was unable to 8 make any eye contact with you? 9 A. The third day I don't recall. 10 Q. You clicked "none," and this is 11 completed on the third day. So, is it 12 fair to say on the third day, he didn't 13 make any contact with you at all? 14 A. Yeah. I think it's fair. It's 15 fair. 16 Q. Do you think it would have been 17 important to note in the records that 18 Mr. Riley's level of eye contact was 19 deteriorating from day to day? 20 MR. NINOSKY: Object to the 21 form. 22 You can answer. 23 THE DOCTOR: As far as the 24 clinical detail goes, I wouldn't 25 place an over-importance on that</p>	<p style="text-align: right;">Page 93</p> <p>1 MR. NINOSKY: Objection to 2 the form. 3 You can answer. 4 THE DOCTOR: Oh. Yes. 5 Yes. 6 BY MR. MINCEY: 7 Q. On Page 87, I'm looking at -- it 8 says "Sleep." You have "poor" checked. 9 What is that based on? 10 A. I don't know if I have a realistic 11 response to that question. 12 Q. Is there a requirement that you are 13 to choose something in each of these 14 boxes? 15 A. That was the general impression I 16 was working under at that time. 17 Q. Did your impression change since 18 then? 19 A. I would definitely have filled out 20 a number of these forms differently, 21 yes. I think the usability of some of 22 these forms has also been improved. 23 Q. Under "Hallucinations," you checked 24 "None evident." Then you also wrote 25 "suspected" here. Do you see that?</p>

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25 (Pages 94 to 97)

<p style="text-align: right;">Page 94</p> <p>1 A. Yes, sir. 2 Q. Okay. Why would you write that you 3 suspected Mr. Riley was having 4 hallucinations? 5 A. Consistent with what I had in the 6 other parts of the document, my best 7 clinical guess to help explain his 8 presentation and my impression of his 9 presentation at that time. I was 10 working under the assumption that this 11 was mental illness and not substance 12 intoxication. 13 Q. In the Judgement section, there are 14 five categories that you can choose 15 from. Starting at the bottom, at the 16 bottom here it says, "Impulsive." What 17 does that mean to you when you're 18 filling out this form? 19 A. What would that have meant to me to 20 be able to say impulsive, is that what 21 you're looking for, or what type of 22 presentation would have garnered an 23 impulsive? 24 Q. Yes. 25 A. Yeah. That would have been more of</p>	<p style="text-align: right;">Page 96</p> <p>1 severely impaired versus moderately 2 impaired? 3 MR. NINOSKY: Object to the 4 form. 5 But you can answer if you 6 understand. 7 THE DOCTOR: Yes. I can't 8 say it would change. 9 BY MR. MINCEY: 10 Q. And then at the bottom here, 11 "Summary of Impressions," you wrote, 12 "Unresponsive, refuses to respond to 13 questions." Are these words you typed, 14 or is this a dropdown option? 15 A. Those are words I typed. 16 Q. And, again, it says, "Current 17 suicidal ideations," you clicked 18 "Refuses to answer," but we know that he 19 did answer those questions for you, 20 correct? 21 MR. NINOSKY: On June 18th. 22 BY MR. MINCEY: 23 Q. On June 18th, June 19th and 24 June 20th; am I correct, Doctor? 25 MR. NINOSKY: I think</p>
<p style="text-align: right;">Page 95</p> <p>1 an active engagement type of 2 presentation, but certainly somebody 3 that -- something that could change 4 without notice or, you know, somebody 5 engaging in disruptive behaviors without 6 thinking through the potential 7 consequences for the time. 8 So, this would be a much more 9 actively engaged kind of individual who 10 you could see clearly that the behaviors 11 and the choices involved were occurring 12 without much regard for the 13 consequences. 14 Q. And what about "severe impairment," 15 what would that mean? 16 A. In retrospect, probably something 17 more akin to what I observed with Mr. 18 Riley. My explanation for why I chose 19 moderate at the time was just guesswork 20 and not having a better idea of how 21 those terms were operationally defined 22 at the time. 23 Q. In your opinion, would the 24 treatment of an individual be different 25 if they were categorized as being</p>	<p style="text-align: right;">Page 97</p> <p>1 that's mischaracterizing the 2 testimony. I don't think he ever 3 testified to that -- 4 MR. MINCEY: If I -- 5 MR. NINOSKY: -- do that 6 again with him. 7 MR. MINCEY: If I'm wrong, 8 he can tell me. 9 BY MR. MINCEY: 10 Q. Doctor? 11 A. Can you repeat the question, 12 please? 13 Q. Here you checked that Mr. Riley 14 refused to answer questions about 15 current suicidal ideations, but we know 16 from your testimony earlier that on 17 June 18th, 19th and 20th, he answered 18 your questions about not wanting to kill 19 himself, correct? 20 MR. NINOSKY: Object to the 21 form because I don't think that 22 was his testimony. 23 But you can answer the 24 question. 25 THE DOCTOR: I don't</p>

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26 (Pages 98 to 101)

<p style="text-align: right;">Page 98</p> <p>1 believe that is correct, sir.</p> <p>2 BY MR. MINCEY:</p> <p>3 Q. Okay. Let's go back to Page 83.</p> <p>4 Oh. You might be right. 83, no. 84 --</p> <p>5 I'm sorry. 82, "Yes, I don't want to</p> <p>6 kill myself." Do you see that right</p> <p>7 here (indicating)?</p> <p>8 Do you see that right here,</p> <p>9 Doctor?</p> <p>10 MR. NINOSKY: On June 20th?</p> <p>11 MR. MINCEY: On June 20th,</p> <p>12 yes.</p> <p>13 BY MR. MINCEY:</p> <p>14 Q. So, on June 18th and June 20th, he</p> <p>15 was able to answer those questions,</p> <p>16 correct, Dr. Rosas?</p> <p>17 A. If that's what I have written, I</p> <p>18 don't have any reason to believe</p> <p>19 differently.</p> <p>20 Q. And for his estimated current level</p> <p>21 of suicide, self harm suicide risk,</p> <p>22 which is on Page 89, you clicked "High,"</p> <p>23 and then you wrote, "Unresponsive,</p> <p>24 refuses to respond to question," fair?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 100</p> <p>1 Q. And it was on June the 20th that</p> <p>2 you made the determination that Mr.</p> <p>3 Riley does not suffer from any</p> <p>4 substance use disorder but some type of</p> <p>5 psychotic disorder, correct?</p> <p>6 MR. NINOSKY: Object to the</p> <p>7 form.</p> <p>8 You can answer.</p> <p>9 THE DOCTOR: Without any</p> <p>10 other available pieces of</p> <p>11 information, that was my best</p> <p>12 clinical guess at that time.</p> <p>13 BY MR. MINCEY:</p> <p>14 Q. And once you make that clinical</p> <p>15 determination, do the inmates still</p> <p>16 continue to have detox tests?</p> <p>17 A. When it's ordered, yes.</p> <p>18 Q. Okay. So, that clinical</p> <p>19 determination that you make does not</p> <p>20 change any existing orders regarding,</p> <p>21 you know, substance abuse questions?</p> <p>22 A. In this regard, no, because he had</p> <p>23 not completed the intake, so he gets</p> <p>24 tasked for all lines of service</p> <p>25 regardless until that process is</p>
<p style="text-align: right;">Page 99</p> <p>1 Q. And the reason that you viewed Mr.</p> <p>2 Riley as a high suicidal risk, was that</p> <p>3 because he was unable to complete the</p> <p>4 intake?</p> <p>5 A. Yes.</p> <p>6 Q. What would put somebody in the</p> <p>7 moderate suicidal risk category?</p> <p>8 A. In a vacuum, somebody maybe with</p> <p>9 some known risk factors historically who</p> <p>10 we might say under a certain set of</p> <p>11 conditions, it wouldn't be the most</p> <p>12 surprising thing if somebody had some</p> <p>13 issues regarding self harm. So, the</p> <p>14 potential for self harm might be there</p> <p>15 or the motivating factors.</p> <p>16 If it's somebody who's really</p> <p>17 struggling with their legal situation,</p> <p>18 you know, or their characteristics</p> <p>19 involved, it wouldn't be a non-number,</p> <p>20 but they had an elevated number of</p> <p>21 potential risk factors historically or</p> <p>22 present that they weren't engaging in.</p> <p>23 They denied it, but there was always a</p> <p>24 chance it could be something to keep an</p> <p>25 eye out for.</p>	<p style="text-align: right;">Page 101</p> <p>1 completed.</p> <p>2 Q. Okay. So, we're looking at</p> <p>3 Page 156, and this looks like some</p> <p>4 tasks. Looks like a list of tasks and</p> <p>5 updated notes in the system; is that a</p> <p>6 fair assessment of what we're looking</p> <p>7 at, Doctor?</p> <p>8 A. Yes.</p> <p>9 Q. And I see your name down here on</p> <p>10 6/24, 2019. Does that mean that you</p> <p>11 entered this information in the updated</p> <p>12 notes?</p> <p>13 Do you see where we're looking at?</p> <p>14 A. Am I able to review this document?</p> <p>15 It's kind of hard to see on this screen.</p> <p>16 MR. NINOSKY: He has the</p> <p>17 written here. He can look at it.</p> <p>18 MR. MINCEY: Okay.</p> <p>19 BY MR. MINCEY:</p> <p>20 Q. Looks like it says, "Completed by</p> <p>21 Rosas, Garrett," on 6/24, 2019 at</p> <p>22 1:57 p.m. Do you see what I'm looking</p> <p>23 at at the top?</p> <p>24 A. Yes.</p> <p>25 Q. Does that mean you completed this</p>

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27 (Pages 102 to 105)

<p style="text-align: right;">Page 102</p> <p>1 task or updated note?</p> <p>2 A. Yes.</p> <p>3 Q. Did you write these words here?</p> <p>4 A. Yes.</p> <p>5 Q. "Patient was unable to be seen in</p> <p>6 the medical suite, but was able to be</p> <p>7 evaluated cell side by Dr. Miller. Were</p> <p>8 you with Dr. Miller when she saw Mr.</p> <p>9 Riley?</p> <p>10 A. I don't recall, but I do not</p> <p>11 believe so.</p> <p>12 Q. You do not believe?</p> <p>13 A. I don't have a recollection of</p> <p>14 being present at that time. I consulted</p> <p>15 with Dr. Miller and was aware that she</p> <p>16 was going to engage Mr. Riley, but I</p> <p>17 don't have any recollection of being</p> <p>18 present when she had.</p> <p>19 Q. Is it common for you to prepare a</p> <p>20 note or updated note about a patient</p> <p>21 meeting that you did not observe?</p> <p>22 MR. NINOSKY: Object to the</p> <p>23 form.</p> <p>24 You can answer.</p> <p>25 THE DOCTOR: In this</p>	<p style="text-align: right;">Page 104</p> <p>1 individuals at that point in</p> <p>2 time. And, so, that with Mr.</p> <p>3 Riley, the task wasn't assigned</p> <p>4 to me specifically, but given I</p> <p>5 was seeing the other individuals</p> <p>6 at close proximity and who are</p> <p>7 housed on that unit, I explained</p> <p>8 away the task by referring to the</p> <p>9 fact that Dr. Miller had seen him</p> <p>10 or was going to see him,</p> <p>11 something of that nature, which</p> <p>12 would have sufficed</p> <p>13 administratively to complete that</p> <p>14 form of documentation.</p> <p>15 BY MR. MINCEY:</p> <p>16 Q. Did you spend any time with Mr.</p> <p>17 Riley on June 24th, 2019?</p> <p>18 A. I don't recall specifically if I</p> <p>19 had or not. I could have, but I don't</p> <p>20 recall if that was the case or not.</p> <p>21 Q. If you had seen Mr. Riley on</p> <p>22 June 24th or on any date, would you be</p> <p>23 required to document that in some way?</p> <p>24 A. That's a requirement. Yes.</p> <p>25 Q. I'm looking at Page 327. This</p>
<p style="text-align: right;">Page 103</p> <p>1 regard, yes, because there's a</p> <p>2 task that is my responsibility</p> <p>3 to address either directly</p> <p>4 through -- and it would look like</p> <p>5 the other notes we just got done</p> <p>6 reviewing.</p> <p>7 It also suffices from a</p> <p>8 policy and procedural standpoint</p> <p>9 that individuals who are on a</p> <p>10 suicide precaution are seen daily</p> <p>11 by one of the qualified mental</p> <p>12 health staff, that being the</p> <p>13 psychologist or the psychiatrist.</p> <p>14 The psychiatrist or psychiatric</p> <p>15 providers engaging with an</p> <p>16 individual on a suicide watch</p> <p>17 also suffices for that</p> <p>18 professional or that engagement.</p> <p>19 So, in the process of</p> <p>20 fielding this task that was</p> <p>21 assigned to the mental health</p> <p>22 individuals -- and at that time,</p> <p>23 it wasn't my sole responsibility,</p> <p>24 but I was operating in the</p> <p>25 classification unit and those</p>	<p style="text-align: right;">Page 105</p> <p>1 looks like a list of mental health sick</p> <p>2 calls. Doctor, is this just maybe a</p> <p>3 collection of your notes from all the</p> <p>4 mental health sick calls you made</p> <p>5 related to Mr. Riley? Is that a yes?</p> <p>6 A. I don't know if I recall. I've</p> <p>7 never seen this screen that we're</p> <p>8 looking at. It might be a different</p> <p>9 formulation of the already provided</p> <p>10 documentation, but this is -- it might</p> <p>11 just be the formatting, but this is</p> <p>12 unfamiliar to me.</p> <p>13 MR. NINOSKY: Kevin, if you</p> <p>14 look at the top of the page,</p> <p>15 you'll see "Full Patient</p> <p>16 History." The Full Patient</p> <p>17 History is basically everything</p> <p>18 in a running tab from start to</p> <p>19 finish of the care, but it's just</p> <p>20 pulling together the prior</p> <p>21 screenshots.</p> <p>22 So, when you had gone</p> <p>23 through his notes, they're the</p> <p>24 same as what you see here, and</p> <p>25 what we had gone through with him</p>

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28 (Pages 106 to 109)

<p style="text-align: right;">Page 106</p> <p>1 earlier would be actually what it</p> <p>2 looks like on the screen as</p> <p>3 opposed to this format.</p> <p>4 MR. MINCEY: Okay.</p> <p>5 BY MR. MINCEY:</p> <p>6 Q. Dr. Rosas, when you come on to the</p> <p>7 block for your shift, would the Full</p> <p>8 Patient History be something that you</p> <p>9 would review to give yourself as much</p> <p>10 information as you can get about the</p> <p>11 people you may see that day?</p> <p>12 A. If I'm able to, I take the</p> <p>13 opportunity to do so.</p> <p>14 Q. Was the Full Patient History</p> <p>15 something that you reviewed prior to any</p> <p>16 of your encounters with Mr. Riley?</p> <p>17 A. I don't recall having any</p> <p>18 meaningful information to review prior</p> <p>19 to engaging with Mr. Riley.</p> <p>20 Q. Can you tell me approximately how</p> <p>21 much time you spent with Mr. Riley on</p> <p>22 June 20th?</p> <p>23 A. An approximate time, 15 minutes.</p> <p>24 If I had to take a guess, 15 minutes or</p> <p>25 less.</p>	<p style="text-align: right;">Page 108</p> <p>1 MR. NINOSKY: Asked and</p> <p>2 answered.</p> <p>3 You can answer it again.</p> <p>4 THE DOCTOR: Yes. That's</p> <p>5 my testimony.</p> <p>6 BY MR. MINCEY:</p> <p>7 Q. Okay. In the course of your</p> <p>8 treatment of Mr. Riley, was there ever</p> <p>9 any discussion about taking him to a</p> <p>10 formal hospital setting to either</p> <p>11 receive a clearcut diagnosis of what was</p> <p>12 bothering him or to get him treatment</p> <p>13 that he needed?</p> <p>14 MR. NINOSKY: Object to the</p> <p>15 form.</p> <p>16 But go ahead. You can</p> <p>17 answer his question.</p> <p>18 THE DOCTOR: My</p> <p>19 recollection is there was some</p> <p>20 type of conversation about what</p> <p>21 to do next with Mr. Riley, and</p> <p>22 that included getting him to an</p> <p>23 outside provider for further</p> <p>24 assessment.</p> <p>25 BY MR. MINCEY:</p>
<p style="text-align: right;">Page 107</p> <p>1 Q. Okay. What about on 6/19?</p> <p>2 A. I'm not certain.</p> <p>3 MR. NINOSKY: He doesn't</p> <p>4 want you to guess. You can</p> <p>5 estimate if you can.</p> <p>6 THE DOCTOR: Yeah. I</p> <p>7 can't. I can't really say.</p> <p>8 BY MR. MINCEY:</p> <p>9 Q. Do you think your meeting on the</p> <p>10 19th was longer or shorter than the one</p> <p>11 you had on the 20th?</p> <p>12 A. Guesswork, probably longer.</p> <p>13 Q. What about your initial meeting on</p> <p>14 the 18th, can you give me an</p> <p>15 approximation on that?</p> <p>16 A. Somewhat in the vicinity of 15,</p> <p>17 20 minutes maybe, but, again, guesswork.</p> <p>18 Q. Okay. So, on June 19th you spent</p> <p>19 more than 15 minutes speaking to Mr.</p> <p>20 Riley without him being responsive to</p> <p>21 any of your questions?</p> <p>22 A. That wouldn't strike me as odd or</p> <p>23 inconsistent.</p> <p>24 Q. I guess that's my way of asking</p> <p>25 you, is that accurate?</p>	<p style="text-align: right;">Page 109</p> <p>1 Q. Do you remember when that</p> <p>2 conversation was?</p> <p>3 A. I don't recall specifically. It</p> <p>4 was in close proximity. It was likely</p> <p>5 the day prior to his demise.</p> <p>6 Q. That would be June the 25th?</p> <p>7 A. If that's what the record reflects,</p> <p>8 yes.</p> <p>9 Q. Okay. Do you recall who would have</p> <p>10 been a part of that conversation?</p> <p>11 A. Ademola Fowale we would be one</p> <p>12 individual who would have been privy to</p> <p>13 that conversation, and likely Dr. Miller</p> <p>14 as well.</p> <p>15 Q. So, Dr. Fowale and Dr. Miller?</p> <p>16 A. Yes.</p> <p>17 Q. And other than that conversation on</p> <p>18 June 25th, were there any other</p> <p>19 conversations about whether Mr. Riley</p> <p>20 should go to an outside provider for</p> <p>21 medical treatment?</p> <p>22 MR. NINOSKY: Object to the</p> <p>23 form, but he can answer.</p> <p>24 THE DOCTOR: I don't recall</p> <p>25 any specific discussions about</p>

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29 (Pages 110 to 113)

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<p>1 him going out to a hospital. I 2 had questions about what to do 3 next, but I don't recall any 4 conversations about whether or 5 not to send him out for further 6 assessment until the day prior. 7 BY MR. MINCEY: 8 Q. And those other discussions about 9 what to do next, was there a decision on 10 the course of conduct to take? 11 A. The reason why I'm confident about 12 my response is I had asked for some 13 feedback or help with the case of Mr. 14 Riley. I felt that I didn't get a lot 15 of help clinically about how situations 16 like this are handled. 17 Q. When did you ask for help? 18 A. Specifically I'm not certain, but 19 if I'm taking a guess, by the 20th. By 20 the third interaction, I've started to 21 generate more than just casual concern 22 for this individual. 23 Q. And what was it about either June 24 the 20th or the combination of the 18th, 25 19th and 20th that gave you concern to</p>	<p>1 aware of the acuity of these individuals 2 coming in from the community or the 3 frequency in which they present 4 themselves in the prison setting. 5 A prison, in professional terms, is 6 viewed as a normative population, 7 meaning the presumption shouldn't be 8 that everybody there has the propensity 9 for mental illness per se. We should 10 look at it as a sick population who all 11 require some form of care. We generally 12 view that as a normalized population. 13 And some individuals there require some 14 occasional help, but the facility itself 15 wasn't designed to be an inpatient 16 psychiatric hospital, which was the bulk 17 of my experience. You know, prior to 18 working in the setting, I was working in 19 more clinic-based or hospital-type 20 settings. 21 So, I did have questions that at 22 what point does this become a concern to 23 staff sort of in general, and I do 24 recall seeking to get a better 25 understanding of that, certainly by the</p>
Page 111	Page 113
<p>1 ask Dr. Fowale for help? 2 A. His presentation was atypical in 3 the sense that it became -- you know, it 4 seemed to advance in acuity, and by 5 that, I mean negative symptoms of 6 psychosis in particular are viewed as 7 often more acute than something like 8 auditory or visual hallucinations, let's 9 say. 10 So, the fact that he had become 11 less able to respond and providing less 12 appropriate engagement over that period 13 of time gave some indication that it was 14 less likely substance induced 15 presentation that I was looking at. 16 That was my assumption at the time given 17 the fact that whatever it was seemed to 18 be advancing instead of retreating, and, 19 so, given that it was heading in that 20 direction, I wasn't certain about at 21 what point anybody else becomes 22 concerned about these patterns. 23 Given that I worked in that 24 environment for a relatively short 25 period of time, I was still not fully</p>	<p>1 point of third contact. 2 Q. Do you recall what response Dr. 3 Fowale had when you asked him for help 4 on June 20th? 5 A. I don't recall specifically about 6 any sort of help that he would be able 7 to provide. I do recall a sense of a 8 frustration that there was -- it didn't 9 seem to register on many other 10 individuals radars, in particular his. 11 Q. When you say you don't recall any 12 help he was able to give you, do you 13 recall what he said when you mentioned 14 it to him? 15 A. I don't recall. I don't recall 16 what he had said. It wasn't helpful to 17 the case, or it wasn't helpful for my 18 purposes. 19 Q. How long was the conversation that 20 you had with Dr. Fowale on June 21 the 20th? 22 A. I can't say specifically other than 23 it was brief and not -- it wasn't 24 meaningful, from my recollection. 25 Q. Where would that conversation have</p>

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30 (Pages 114 to 117)

Page 114	Page 116
<p>1 happened?</p> <p>2 A. On the unit -- or in the medical</p> <p>3 department, I'm sorry. Not on the</p> <p>4 housing unit. Within the medical</p> <p>5 department in the facility.</p> <p>6 Q. Did you ask anybody else other than</p> <p>7 Dr. Fowale?</p> <p>8 A. I don't recall specifically if I</p> <p>9 had asked anybody else. Not likely, but</p> <p>10 I don't recall either.</p> <p>11 Q. When you say you were frustrated,</p> <p>12 did you do anything to address your</p> <p>13 frustrations?</p> <p>14 A. I don't recall doing anything about</p> <p>15 it come the 20th.</p> <p>16 Q. Did you make a notation anywhere</p> <p>17 about your meeting with Dr. Fowale?</p> <p>18 A. No, sir. I am not aware of any</p> <p>19 notation. I wish I had.</p> <p>20 Q. Was anybody else present when you</p> <p>21 had your meeting with Dr. Fowale on</p> <p>22 June 20th?</p> <p>23 A. In my minds eye, I don't see</p> <p>24 anybody else -- it wasn't like a team or</p> <p>25 group setting, no.</p>	<p>1 you would say you don't believe you</p> <p>2 would have recommended Mr. Riley go to</p> <p>3 the hospital?</p> <p>4 A. Other than his presentation that</p> <p>5 precluded from him engaging in a</p> <p>6 productive or meaningful type of way,</p> <p>7 the acuity of what was going on didn't</p> <p>8 suggest to me that there was a disease</p> <p>9 state or process that was so acute that</p> <p>10 he required urgent care.</p> <p>11 Q. Why do you wish that you had</p> <p>12 documented your conversation with Dr.</p> <p>13 Fowale?</p> <p>14 MR. NINOSKY: Object to the</p> <p>15 form.</p> <p>16 THE DOCTOR: So I didn't</p> <p>17 have to surmise what those</p> <p>18 conversations were about some</p> <p>19 three years later, yeah</p> <p>20 (laughter).</p> <p>21 BY MR. MINCEY:</p> <p>22 Q. Okay. Give me one second, Dr.</p> <p>23 Rosas. Let me check my notes real</p> <p>24 quick. I think I'm just about done.</p> <p>25 (Brief pause.)</p>
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<p>1 Q. Was the response, or lack thereof,</p> <p>2 that you described from Dr. Fowale</p> <p>3 unusual based on other environments you</p> <p>4 worked in as a psychologist?</p> <p>5 MR. NINOSKY: Object to the</p> <p>6 form.</p> <p>7 THE DOCTOR: Yeah. I</p> <p>8 can't say if that was typical or</p> <p>9 not.</p> <p>10 BY MR. MINCEY:</p> <p>11 Q. Okay. If the choice had been</p> <p>12 yours, would you have sent Mr. Riley to</p> <p>13 the hospital, or would you have allowed</p> <p>14 him to stay at the jail?</p> <p>15 MR. NINOSKY: Object to the</p> <p>16 form. Speculation.</p> <p>17 But you can answer if you</p> <p>18 can.</p> <p>19 THE DOCTOR: Yeah. I don't</p> <p>20 believe so. I mean in</p> <p>21 retrospect, obviously I wish we</p> <p>22 would have, but at that time, I</p> <p>23 don't believe so.</p> <p>24 BY MR. MINCEY:</p> <p>25 Q. When you say you don't believe so,</p>	<p>1 MR. MINCEY: Dr. Rosas, I</p> <p>2 don't have any other questions</p> <p>3 for you, but the other counsel on</p> <p>4 the call may have some. So, I'm</p> <p>5 going to open it up to them and</p> <p>6 see if they have any questions</p> <p>7 for you. Okay?</p> <p>8 THE DOCTOR: Okay.</p> <p>9 MR. NINOSKY: Does anybody</p> <p>10 have questions?</p> <p>11 MR. LAVERY: Frank Lavery.</p> <p>12 I do not.</p> <p>13 MR. POLAHA: Matt Polaha.</p> <p>14 I do not.</p> <p>15 MS. HARRISON: Alissa</p> <p>16 Cardenas Harrison. I do not.</p> <p>17 MR. NINOSKY: Okay. You're</p> <p>18 done.</p> <p>19 MR. MINCEY: Dr. Rosas, I</p> <p>20 appreciate your time and</p> <p>21 patience. Thanks for being a</p> <p>22 part of this, and if we need to</p> <p>23 contact you, we'll reach out to</p> <p>24 your counsel. Okay?</p> <p>25 THE DOCTOR: Very well.</p>

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1	Thank you.	CERTIFICATE
2	---	I, the undersigned, GARRETT ROSAS, PSYD,
3	(Witness excused.)	do hereby certify that I have read the foregoing
4	---	deposition and that, to the best of my knowledge,
5	(Deposition concluded at 4:00 p.m.)	said deposition is true and accurate (with the
6	---	exception of the corrections listed below):
7		PAGE-LINE
8		-----
9		-----
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15		-----
16		-----
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18		-----
19		-----
20		-----
21		DATE GARRETT ROSAS, PSYD
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	Page 119	
1	CERTIFICATION	
2		
3		
4		
5	I, Maria Rousakis, hereby	
6	certify that the foregoing is a	
7	true and correct transcript of	
8	the proceedings held in this	
9	matter as transcribed from the	
10	stenographic notes taken by me on	
11	Thursday, July 7, 2022.	
12		
13		
14		
15		
16	-----	
17	Maria Rousakis	
18	Court Reporter	
19		
20	(This certification does	
21	not apply to any reproduction	
22	of this transcript, unless	
23	under the direct supervision	
24	of the certifying reporter.)	
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